Best Start
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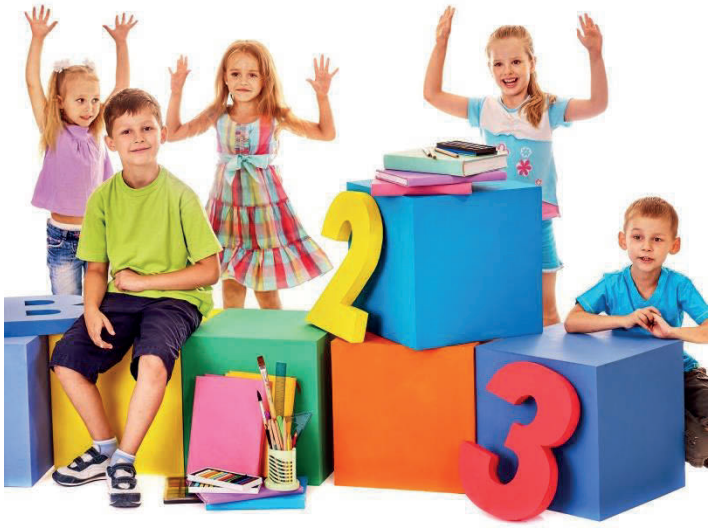

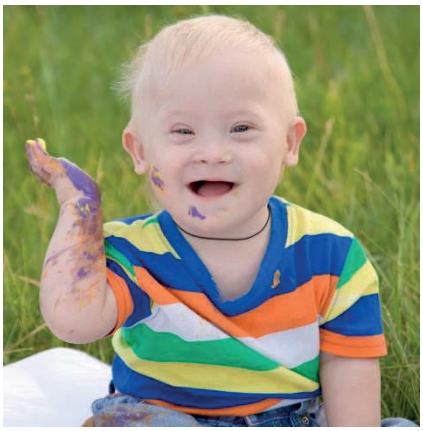

2015

RED FLAGS

A Quick Reference Guide For Early Years Professionals In The Region Of Prescott And Russell

Early identification of Red Flags in child development from birth to six years old

Disclaimer Notice

"Red Flags" is a Quick Reference Guide for Early Years Professionals in the region of Prescott and Russell (*Red Flags Guide*) designed to assist **Early Years Professionals** in determining whether there is a need to refer families or caregivers to seek out additional advice, assessment, and/or treatment for their child.

The *Red Flags Guide* cannot substitute for the advice, formal assessment, and/or treatment of professionals trained to properly assess the development and progress of infants, toddlers, and preschool children. Although the *Red Flags Guide* may be helpful to determine when to seek out advice and/or treatment, it should not be used to diagnosis or treat perceived developmental limitations and/or other health care needs.

The *Red Flags Guide* also refers to websites and other documents that are created or operated by independent bodies. These references are provided as a public service and do not imply the investigation or verification of websites or other documents. No warranty or representation, expressed or implied, is made concerning the products, services, and information found on those websites or documents.

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The *Red Flags Guide* IS NOT TO BE USED TO DIAGNOSE OR LABEL A CHILD.

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INTRODUCTION

Development of the *Red Flags Guide*

Purpose and goal

The purpose of the *Red Flags Guide* is to promote the early identification of children who are in need of additional resources to meet their developmental milestones.

The goal is to ensure that all children in the region of Prescott and Russell are able to develop to their optimal developmental potential.

What is the Red Flags Guide?

The *Red Flags Guide* is a Quick Reference Guide for Early Years Professionals. It can be used in conjunction with a validated screening tool, such as Brigance® Diagnostic Inventory of Early Development II, Ages and Stages Questionnaire (ASQ), or Nipissing District Developmental Screens (the Nipissing Screen).

- Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age six. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional, and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In the Prescott and Russell Region, copies of Nipissing District Developmental Screens can be obtained by going to the web site at www.ndds.ca, or by visiting your local Ontario Early Years Centre, or by calling the Eastern Ontario Health Unit at 1-800-267-7120 and asking for the Health Line. Parents are encouraged to talk to their health care or child care professional if two or more items are checked "No". It is particularly important for a screen to be reviewed by a professional if a "No" is identified. For more information about Nipissing District Developmental Screens, go to: www.ndds.ca

The *Red Flags Guide* outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential problem areas for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment, and/or treatment.

Who should use the *Red Flags Guide*?

This Quick Reference Guide is intended to be used by any professional working with young children and their families. A basic knowledge of healthy child development is assumed. The *Red Flags Guide* will assist professionals in identifying when a child could be at risk of not meeting his/her health and/or developmental milestones, triggering an alert for the need for further investigation by the appropriate discipline.

How to use the *Red Flags Guide*?

The *Red Flags Guide* is designed to help practitioners look at child development by domain, reviewing each domain from birth to age six (unlike screening tools that look at a particular child's development across many areas of development at a specific age). It includes other areas that may impact child health, growth, and development due to the dynamics of parent-child interaction, such as postpartum depression, maltreatment, etc.

The *Red Flags Guide* allows professionals to review and better understand domains on a continuum that are traditionally outside their own area of expertise. This increased awareness will help professionals better understand when and where to refer for further investigation or treatment in the region of Prescott and Russell.

Use the *Red Flags Guide* in conjunction with a screening tool, such as Nipissing District Developmental Screens, Brigance® Diagnostic Inventory of Early Development II, or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs in a particular domain or indicator. Some information is cross-referenced to other domains, such as "Nutrition" with "Feeding and Swallowing", to assist the screener in pursuing questions or "gut feelings".

Development of the *Red Flags Guide*

If children are not exhibiting the milestones for their age, further investigation is needed. If using Nipissing District Developmental Screens, remember that the Screens are age-adjusted; therefore, the skills in each screen are expected to be mastered by most children at the age shown. If there are two or more "No" responses, refer to a professional for assessment.

Refer for further assessment even if you are uncertain if the flags noted are a reflection of a cultural variation or a real concern.

Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent/caregiver and the child, rather than solely on the child.

Contact information is indicated at the end of each heading and summarized at the end of this document.

If a child appears to have multiple domains requiring formal investigation by several disciplines, screeners are encouraged to refer to the agencies that can coordinate a collaborative and comprehensive assessment process.

If referrals are made to private sector agencies, alert families that fees will not be funded by OHIP.

Please remember that there is a **"duty to report"** to the Children's Aid Society (*Child and Family Services Act*, 1990, amended 2011).

- For all reporting, please contact Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168.

Refer also to the "Duty to Report" section (page 11).

Contributors

The original *Red Flags Guide* was developed by the Simcoe County Early Intervention Council and piloted in the Let's Grow Screening Clinics in early 2002. It was printed and disseminated by the Healthy Babies, Healthy Children program, Simcoe County District Health Unit as Red Flags–Let's Grow with Your Child, in March 2003.

February 2015
This document was reviewed and revised by the following members of the Prescott and Russell Best Start Community Network and the Children with Special Needs Workgroup committees:

- 100 % Actifs : Activités parascolaires
- Autism Program of Eastern Ontario – CHEO
- Catholic District School Board of Eastern Ontario
- Centre de santé communautaire de l'Estrie
- Champlain Community Care Access Centre
- Child Care Services of the United Counties of Prescott and Russell
- Conseil des écoles publiques de l'Est de l'Ontario
- Conseil scolaire de district catholique de l'Est ontarien
- Eastern Ontario Health Unit
- Groupe Action for the children, family and community of Prescott-Russell
- Hawkesbury & District General Hospital
- Integration Services of the United Counties of Prescott and Russell
- Ottawa Children's Treatment Centre – Cornwall site
- Parent Resource Centre
- Pinecrest-Queensway Community Health Centre
- United Counties of Prescott and Russell
- Upper Canada District School Board
- Valoris for Children and Adults of Prescott-Russell
- Volunteer Parents from the community

For additional copies, contact the Glengarry-Prescott-Russell Ontario Early Years Centre at 613-764-3434 or 1-866-764-3434 or by email at CPE.Casselman.EYC@prescott-russell.on.ca

How to talk to Parents and Caregivers about Sensitive Issues Related to Developmental concerns

Sharing sensitive news

One of the most challenging issues in recognizing a potential concern with a child's development is sharing this concern with the parents/caregivers. It is important to be sensitive when suggesting there may be a reason to have further assessment. You want parents/caregivers to feel capable and to be empowered to make decisions.

The way in which sensitive news is shared has both immediate and long term effects on the family (and child) in terms of how parents/caregivers perceive the situation and how ready or willing they are to access support (TeKolste, 2009; First Signs, 2009). Many parents/caregivers are not aware or may not recognize that their child is at risk.

Sharing sensitive news can be challenging both for the parents/caregivers as well as the person delivering the news. Upon receiving sensitive news about their child, some parents/caregivers might react with a variety of emotions including shock, anger, disbelief, and fear. Parents/caregivers hearing sensitive news might also feel overwhelmed and might need time to process and then accept the information.

For the professional, sharing sensitive news with families is often challenging and may sometimes play out in a reluctance to initiate the discussion. Among barriers expressed by professionals are fears of the following:

- causing the parents/caregivers pain and negative emotional reactions;
- parents/caregivers being unready to discuss concerns;
- parents/caregivers rejecting this information;
- being culturally inappropriate;
- lack of knowledge of resources;
- lack of time;
- one's own discomfort at addressing some issues/subjects.

There is no one way that always works best but there are some things to keep in mind when addressing concerns. It is hoped that the following framework will be useful in preparing professionals for sharing concerns in a clear, informative, sensitive, and supportive manner, acknowledging the parents'/caregivers' perspectives and feelings. Presenting information in a professional manner lends credibility to your concerns (TeKolste, 2009; First Signs, 2009) and could be helpful to the parent/caregiver. Make sure parents/caregivers feel that they are not alone.

Plan to set the stage for a successful conversation

- It is extremely helpful if you have previously set the expectation that part of your professional role is to monitor the development of all children in your care to ensure they get support if necessary to optimize their potential.
- Set up the meeting in a private space.
- Allow for as much time as might be necessary without interruption.
- Developing a warm, trusting relationship with the parent/caregiver is helpful in easing the process of sharing concerns. It is most supportive if the staff member with the best relationship with the family is selected to share the information.
- Make sure you properly document your meeting and that your concerns have been documented.
- Ensure there is a plan for follow-up action with respect to referrals and follow-up meetings (First Signs, 2009).
- Begin with child's strengths and positive attributes.
- Start by explaining that it is helpful to get as much information as possible regarding a child's skills and areas to work on, so to better support the child, and the earlier the intervention, the better.

How to talk to Parents and Caregivers about Sensitive Issues Related to Developmental concerns

Empathize: Put yourself in the parents' and caregivers' shoes

Empathy allows for the development of a trusting, collaborative relationship. It is important to acknowledge that the parents and caregivers are the experts in knowing their child, even though you have knowledge of child development. Ensure you listen carefully. Acknowledge and reflect their responses. When parents and caregivers have a chance to share feelings without feeling judged they might be more receptive to hearing sensitive information.

It is useful to begin the discussion with sensitive probing questions to find out what the parents/caregivers already know and what their concerns are. Try to use open-ended questions (e.g., "Do you have any concerns?", "How do you feel about your child's progress?"). It is also important to find out how much detail the family wants to know.

If you give too much information when the parent/caregiver is not ready, they may feel overwhelmed or inadequate (First Signs, 2009).

Sharing the information

Be sensitive to a parent's/caregiver's readiness for information. You may want to offer information you have by asking parents/caregivers what they would like to know first or what they feel they need to know first, as they may not be sure where to start.

Note that some cultural and language barriers may prevent the parents/caregivers from openly or directly asking their questions.

When you are more of a resource than an authority, parents/caregivers may feel less threatened. Give parents/caregivers ample opportunity to ask questions.

Having a parent/caregiver use tools such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is something given to many parents/caregivers to help them understand their child's development and to learn about new activities that encourage growth and development and feeling good about themselves.

- Link what you are telling them to what they already know.
- Avoid the use of professional jargon.
- Make use of the written documentation you have gathered on their child's strengths and needs on age-based screening tools.
- Present the information in a neutral manner. State facts, advantages, and disadvantages without presenting your personal beliefs, convictions, or undermining other approaches of practices.
- Encourage parents/caregivers to explore all possibilities and their options. Do not speak on behalf of an approach or an agency.
- Approach the opportunity for accessing extra help in a positive manner (e.g., "You can get extra help for your child so he will be as ready as he can be for school").
- Try to balance the concerns you raise with genuine positive comments about the child (e.g., "Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble… ").

Remember throughout the conversation that it is important to empathize with the parents/caregivers even if they are distressed, confrontational, angry, or disagree with you (TeKolste, 2009; First Signs, 2009).

Planning the next steps

Have the family participate fully in the final decision about what to do next. Your role is to provide information, support, and guidance. The final decision is theirs. It is important to summarize the discussion, the agreed upon next steps, as well as any questions for follow up.

Finally, if the parents/caregivers suggest a "wait and see" approach, explore why they feel this way. Allow them to express and explore their previous experiences. Acknowledge if concerns are related to the professionals' agenda vs. the parent's/caregiver's agenda.

It may be important to offer reasons why it is not appropriate to "wait and see". Explain that early intervention can dramatically improve a child's development and prevent additional concerns such as behavioural issues, and that the "wait and see" approach may delay addressing a medical or developmental concern.

When possible, offer additional supports; perhaps offer to accompany the parents/caregivers and introduce them to the professional offering the care. Early intervention helps parents/caregivers understand child behaviour and health issues and will increase confidence that everything possible is being done to ensure that the child reaches his full potential.

However, it is important that the parent/caregiver is fully informed. If the parent/caregiver is not ready and needs more information, encourage further exploration of every approach.

If the parents/caregivers refuse to provide care for their child and/or refuse to give consent for intervention and you feel that the child may be in need of protection, your child protection concerns must be reported to the CAS.

Be genuine and caring. You are raising concerns because you want their child to do the best that they can, not because you want to point out "weaknesses" or "faults". Your body language is important; parents/caregivers may already be fearful of the information (TeKolste, 2009; First Signs, 2009). It is important to acknowledge their fears as well as your own concerns and limitations.

Don't entertain too many "what if" questions. A helpful response could be "Those are good questions. The professionals who will assess your child will be able to answer them. This is a first step to indicate if further assessment is needed."

Cultural Sensitivity

Early Years Professionals have the privilege of working with families from many cultural groups. These families come with their various beliefs, values, and knowledge which influence their childrearing practices. Childrearing is what caregivers do on a daily basis in response to children's needs (Evans and Myers 1994). This, in turn, impacts a child's growth and development.

To be able to provide the best care and service to the families they work with, it is important for Early Years Professionals to become culturally aware and culturally competent.

Culture is the pattern of beliefs, values, knowledge, traditions, and norms which are learned, shared, and may be handed down from generation to generation. A group of individuals is said to be of a specific culture if they share a historical, geographical, religious, racial, ethnic, or social context (Hate Crimes Community Working Group, 2006).

To be culturally aware involves the ability to stand back and become aware of one's own cultural values, beliefs, and perceptions (Quappe and Cantatore 2005).

Cultural competency means that the professional is aware that cultural differences and similarities exist and have an effect on your values, learning, and behaviour. The components of cultural competency include valuing and recognizing the importance of one's own culture, valuing diversity, and being willing to learn about the traditions and characteristics of other cultures (Stafford, Bowman, Eking, Hanna and Lopoes-DeFede as cited in Mavropoulos 2000).

While cultural patterns will guide a culture as a whole, these patterns may or may not be followed by individual parents/caregivers, creating individual variations in childrearing practices. Culture is constantly changing and being reshaped by a variety of influences, including for some, life experiences in Canada. Professionals must remember that their client's culture may be different from their own and must be aware of the significance of cultural behaviour as it relates to parenting. Where there are concerns that cultural practices may be conflicting with Canadian child protection law, consultation with your Children's Aid Society is the best route.

The greatest resource for understanding each family's unique culture is the family itself. By acknowledging the family's origins and all the influences on their cultural expression and childrearing practices, the Early Years Professional will be better able to provide culturally competent care.

Suggestions for a successful conversation:

- try to learn more about the client's specific culture to prepare for a conference/meeting;
- be respectful of customs (e.g., people from some cultures do not shake hands, so do not be offended if they do not extend their hand);
- be respectful and open-minded and try to understand their perspective;
- consider involving a professional translator (language interpreter) to help overcome any language barriers.

Duty to Report

According to the *Child and Family Services Act* (1990, amended 2011), any person who has reasonable grounds to suspect that a child is, or may be, in need of protection must promptly report their suspicions to a Children's Aid Society.

"Reasonable grounds" refers to information that an average person, exercising normal and honest judgement, would need in order to make the decision to report.

A child is defined as:

- being in need of protection as one who appears to be suffering from maltreatment and/or neglect;
- anyone who is, or appears to be, under the age of 16.

The report must be made directly to the Children's Aid Society by the person with reasonable grounds to suspect maltreatment or neglect. This duty cannot be delegated. **Remember "if in doubt call to consult"!**

The ongoing duty to report is also important to remember. Even if you have already made a report to the Children's Aid Society regarding a certain child, if you determine further reasonable grounds, you must file an additional report.

Cultural practices of a particular group may sometimes conflict with Canadian law. In working with children of diverse cultures, Early Years Professionals should be aware that families may include practices such as severe forms of corporal punishment. Professionals should remember that it is not their job to determine whether a suspicion of child maltreatment falls within a cultural context. Consultation with a Children's Aid Society is the best route (Rimer, 2002).

Where to go for help

If there are concerns about a child, advise the parent/caregiver to contact:

- their local Children's Aid Society immediately. All Children's Aid Societies have emergency service 24 hours a day, so they can call anytime.

- for the region of Prescott and Russell, contact Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168.

Adapted with permission from the Ontario Association of Children's Aid Societies.

To learn more, visit www.ontario.ca/children

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DOMAINS

Attachment

The quality of early parent-child relationships has an important impact on a child's development and ability to form secure attachments. A child who has a secure attachment feels confident that they can rely on the parent/caregiver to protect them in times of distress. This confidence gives the child security to explore the world and establish trusting relationships with others.

The following items are considered from the **parent's/caregiver's perspective**.

If a parent/caregiver states that one or more of these statements describes their child, there may be attachment issues; consider this a red flag:

Birth-8 months

- Parent/caregiver finds child difficult to comfort by physical contact such as rocking or holding
- Parent/caregiver feels child does things or cries just to annoy

8-18 months

- Child does not reach out for comfort
- Child easily allows a stranger to hold him/her
- Child seeks comfort from strangers instead of parent/caregiver when distressed

18 months-3 years

- Child is not beginning to develop some independence
- Child seems angry or ignores parent/caregiver after they have been apart

3-4 years

- Child easily goes with a stranger; is affectionate towards strangers
- Child is too passive or clingy with parent/caregiver

4-5 years

- Child becomes aggressive for no reason (e.g., with someone who is upset)
- Child is too dependent on adults for attention, encouragement, and help
- Child displays cruelty towards animals
- Child shows limited or no emotion (no affect)

Other signs to look for regarding the parent/caregiver:

- Being insensitive to a baby's communication cues
- Often unable to recognize baby's cues
- Providing inconsistent patterns of responses to the baby's cues
- Frequently ignoring or rejecting the baby
- Speaking about the baby in negative terms
- Often appearing to be angry with the baby
- Often expressing their own emotions in a fearful or intense way

Cautionary note: All behaviours should be considered in the context of each situation.

WHERE TO GO FOR HELP

If the child has special needs, advise the parent/caregiver to contact:

- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400
- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168

For more information on attachment, visit the Infant Mental Health Promotion Project website at www.sickkids.on.ca/imp or www.brocku.ca/teacherresource/ABC/

Sources: Adapted by S.D. & G. Developmental Services Centre and Cornwall Community Hospital/Child and Youth Counselling Services from materials developed by New Path Youth & Family Services

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a developmental disorder characterized by persistent impairment in reciprocal social communication and social interaction and restricted, repetitive patterns of behaviour, interests, or activities. Many (but not all) individuals with ASD also have intellectual impairment and/or language deficits, ranging from complete lack of speech through language delays, poor comprehension of speech, echoed speech, or stilted and overly-literal language.

If the child presents any of the following behaviours, consider this a red flag:

Social communication and social interaction concerns

- Rarely or never smiles in response to another person
- Engages in less showing, giving, sharing, and directing others' attention than usual
- Inability to carry on a conversation at an age-appropriate level
- Inconsistent response to or does not respond to his/her name
- Unusual or absent eye contact
- Inability to compensate for delayed speech through gestures
- Does not point to indicate interest or choice
- Awkward or absent social routines (e.g., not able to greet others by waving, saying hello, and making eye contact)
- Decreased interest in other children, prefers to play alone, poor interactive play
- Delayed development of imaginative play – lack of varied, spontaneous "make-believe" play
- Any loss of social or communication skills at any age (regression)

Behavioural concerns

- Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc.
- Repetitive use of language – repeating phrases from movies, echoing other people (echolalia), repetitive use of phrases, unusual intonation
- Insistence on maintaining sameness in routine, activities, clothing, etc.
- Narrow range of interests that he/she engages in repetitively
- Unusual preoccupation with objects (e.g., light switches, fans, spinning objects, vertical blinds, wheels, balls)
- Severe repeated tantrums due to frustration, lack of ability to communicate, interruption of routine, or interruption of repetitive behaviour
- Unusual sensory interests – visually squinting or looking at things out of the corner of eye; smelling, licking, mouthing objects; hypersensitive hearing

WHERE TO GO FOR HELP

Refer also to the "Speech and Language" section (page 54) and the "Behaviour" section (page 16).

If there are concerns, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Children's Hospital of Eastern Ontario at 613-737-7600
- Hawkesbury & District General Hospital Children's Rehabilitation Program at 613-632-1111 ext. 52801 or 1-800-790-8870 ext. 3
- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168
- Autism Program of Eastern Ontario at 613-249-9355 or 1-877-542-2294
- Ottawa Directory of Services for Children and Adults with Autism Spectrum Disorder www.autismontario.com

Sources: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.

Behaviour

Children may engage in one or more problem behaviours from time to time. Some factors should be considered in determining whether the behaviour is of concern on its own or as part of a more complex situation. These include:

- injuring themselves or others;
- behaving in a manner that presents immediate risk to self or others;
- frequency or severity of the behaviour;
- number of problematic behaviours that are occurring at one time;
- significant change in the child's behaviour;
- withdrawal.

If a child presents any of the following behaviours, consider this a red flag:

Self-injurious behaviour

- Bites, hits, and/or grabs at self
- Picks at skin; sucks excessively on skin/bangs head on surfaces
- Eats inedible items
- Intentional vomiting (when not ill)
- Potentially harmful risk taking (e.g., running into traffic, setting fires)

Aggression

- Excessive temper tantrums, excessive anger, or threats
- Hits, kicks, bites, scratches others, pulls hair
- Bangs, slams objects, does damage to property
- Cruelty to animals
- Hurting or mistreating people

Difficulties with social behaviour

- Difficulty paying attention/hyperactive; overly impulsive
- Screams, cries excessively, swears
- Hoarding, stealing
- No friends, socially isolated, will not make eye or other contact; withdrawn
- Anxious, fearful/extreme shyness, agitated
- Compulsive behaviour, obsessive thoughts, bizarre talk
- Embarrassing behaviour in public; undressing in public
- Touches self or others in inappropriate ways; precocious knowledge of a sexual nature
- Flat affect (absence of emotional response), inappropriate emotions, unpredictable angry outbursts, disrespectful, or striking others are examples of post trauma red flags for children who have witnessed violence

Noncompliance

- Oppositional behaviour
- Running away
- Resisting age-appropriate assistance

Activities of daily living

- Deficits in expected functional behaviours (e.g., eating, toileting, dressing, grooming, poor play skills)
- Regression (e.g., loss of skills, refusal to eat, sleep disturbances)
- Difficulty managing transitions/routine changes

Repetitive behaviour

- Hand-flapping, hand wringing, rocking, swaying
- Repetitious twirling; repetitive object manipulation

WHERE TO GO FOR HELP

If there are concerns, about behaviour in conjunction with a developmental delay, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*

If the child has special needs, advise the parent/caregiver to contact:

- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168

Sources: Originally from York Region Red Flags (2009) and reviewed in 2010 by Crossroads Children's Centre, Language Instruction for Newcomers to Canada (LINC), St Mary's Homeand Ottawa Carleton Headstart Association for Preschoolers.

Child Maltreatment

There are four types of child maltreatment: neglect, physical, psychological/emotional, and sexual. Although not conclusive, the presence of one or more of the following indicators should alert parents/caregivers and professionals to the possibility of child maltreatment. However, these indicators should not be taken out of context or used individually to make unfounded generalizations.

Pay special attention to duration, consistency, and pervasiveness of each indicator. Also, keep in mind the age of the child (e.g., a two-year-old child requires more hands-on help getting dressed than a 12-year-old child).

If you suspect child maltreatment, you are legally obligated to consult with or report to Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168. Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

When in doubt always consult!

Note: For related medical issues, contact the family Physician or Paediatrician or Nurse Practitioner. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Child Maltreatment			
Neglect	**Physical**	**Psychological/ Emotional**	**Sexual**
Harm or risk of harm resulting from failure to adequately care for, provide for, supervise, protect, or not provide or refuse treatment for a child. It may be a single incident or more likely, a pattern of neglectful behaviours.	Any physical injury that may be apparent or not, including but not limited to bruises, welts, or fractures.	Serious anxiety, depression, withdrawal, self-destructive, or aggressive behaviours resulting from the actions, failure to act or neglect on the part of the parent or caregiver. This includes children being exposed to adult conflict and partner violence.	Any inappropriate touching, molestation, or exploitation, including child pornography.

Child Maltreatment – Neglect: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
• An infant or young child may: not be growing as expected, be losing weight, have a "wrinkly old face", look pale, not be eating well • Not dressed properly for the weather • Unattended physical problems, medical or dental needs • Dirty or unwashed • Bad diaper rash or other skin problems • Always hungry • Lack of medical and/or dental care • Signs of deprivation which improve with a more nurturing environment (e.g., hunger, diaper rash) • Often found in solitary position (e.g., alone in a car seat or crib)	• Does not show skills as expected • Listless • Frequently absent from school • Engaged in delinquent acts, alcohol/drug abuse • Frequently "forgets" a lunch • Takes care of a lot of their own needs on their own • Has a lot of adult responsibility at home • Appears to have little energy due to lack of sleep or proper nutrition • Cries very little when a child would be expected to cry (appropriate for age) • Does not play with toys or notice people • Does not seem to care for anyone in particular • May be very demanding of affection or attention from others • Other children may steal • Hoards and hides food • Discloses neglect (e.g., says there is no one at home)	• Does not provide for the child's basic needs • Has a disorganized home life, with few regular routines (e.g., always brings the child very early, picks up the child very late) • Does not supervise the child properly (e.g., leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) • May indicate that the child is hard to care for, hard to feed, or describes the child as demanding • May attribute adult negative motivations to actions of child (e.g., reports that the child is out to get the parent/caregiver or that the child does not like the parent/caregiver • May say that the child was or is unwanted • May ignore the child who is trying to be loving • Has difficulty dealing with personal problems and needs • Is more concerned with own self than the child • Is not very interested in the child's life (e.g., fails to use services offered or to keep child's appointments, does not follow up about concerns that are discussed

If you suspect child maltreatment, you are legally obligated to consult with or report to:
Valoris for Children and Adults of Prescott-Russell at 613-675-5148 or 1-800-675-6168

Child Maltreatment – Physical

Child Maltreatment – Physical: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
• Presence of several injuries over a period of time • Presence of several injuries that are in various stages of healing • Facial injuries in infants and preschool children • Injuries inconsistent with the child's age and developmental phase • A lot of bruises in the same area of the body • Bite marks, cuts, bruises, or welts in the shape of an object • Burns (e.g., from a cigarette, in the pattern of an object like an iron) • Wears clothes to cover up injury, even in warm weather • Patches of hair are missing • Signs of possible head injury like: swelling and pain, nausea or vomiting, feeling dizzy, or bleeding from the scalp or nose • Signs of possible injury to arms and legs (e.g. pain, sensitive to touch, cannot move properly, or limping) • Pain with breathing • Difficulty raising arms • Cuts and scrapes inconsistent with normal play (e.g., bruises on face, torso, upper back, head) • Signs of female genital mutilation (e.g., trouble going to the bathroom) • Fractured or missing front teeth	• Cannot remember how injuries happened • The story of what happened does not match the injury • Refuses or is afraid to talk about injuries • Is afraid of adults or of a particular person • Does not want to go home • Does not want to be touched • May be very aggressive, unhappy, withdrawn, obedient and wanting to please, uncooperative • Runs away from home • Is away a lot and upon return, shows signs of a healing injury • Does not demonstrate skills as expected • Does not get along well with other children • Tries to hurt him/herself (e.g., cutting oneself, suicide) • Discloses corporal punishment, hitting that results in injuries, maltreatment, or threats	• Does not tell the same story as the child about how the injury happened • May say that the child seems to have a lot of accidents • Severely punishes the child • Cannot control anger and frustration • Expects too much from the child • Talks about having problems dealing with the child • Talks about the child as being bad, different or "the cause of my problems" • Does not show love toward the child • Delays seeking medical attention for injuries or illnesses • Has little or no help caring for the child

If you suspect child maltreatment, you are legally obligated to consult with or report to:
Valoris for Children and Adults of Prescott-Russell at 613-675-5148 or 1-800-675-6168

Child Maltreatment – Psychological/Emotional

Child Maltreatment – Psychological/Emotional: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
• Child does not develop as expected • Often complains of nausea, headaches, or stomach aches without any obvious reason • Wets or dirties pants • May have "unusual" appearance (e.g., strange haircuts, dress, decorations) • Bedwetting, nonmedical in origin • Child fails to thrive	• Is unhappy, stressed out, withdrawn, aggressive, or angry for long periods of time • Goes back to behaving like a young child (e.g., toileting problems, thumb-sucking, constant rocking) • Tries too hard to be good and to get adults to approve (e.g., too neat, too clean) • Displays extreme inhibition in play • Tries really hard to get attention • Tries to hurt oneself (e.g., cutting) • Criticizes oneself a lot • Does not participate because of fear of failing • May expect too much of him/herself so gets frustrated and fails • Is afraid of what the adult will do if he or she does something the adult does not like • Runs away from home • Has a lot of adult responsibility • Does not get along well with other children • Discloses maltreatment	• Often rejects, insults, or criticizes the child, even in front of others • Talks about the child as being the cause for problems; states that "things are not turning out the way I wanted" • Talks about or treats the child as being different from other children and family members • Compares the child to someone who is not liked • Does not pay attention to the child • Refuses to help the child when the child requires help (e.g., when getting dressed) • Isolates the child, does not allow the child to see others both inside and outside the family (e.g., locks the child in a closet or room) • Does not provide a good example for children on how to behave with others (e.g., swears all the time, hits others) • Lets the child be involved in activities that break the law • Uses the child to make money (e.g., child pornography) • Lets the child see sex and violence on television, in videos, and in magazines • Terrorizes the child (e.g., threatens to hurt or kill the child or threatens someone or something that is special to the child) • Forces the child to watch someone special being hurt • Asks the child to do more than he/she can do (physically) • Does not provide food, clothing, and care for one child, as well as provides for the other child/ren in the same family.

If you suspect child maltreatment, you are legally obligated to consult with or report to:
Valoris for Children and Adults of Prescott-Russell at 613-675-5148 or 1-800-675-6168

Child Maltreatment – Sexual

Child Maltreatment – Sexual: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
• A lot of itching or pain in the throat, genital, or anal area • A smell or discharge from the genital area • Underwear that is bloody • Pain when: trying to go to the bathroom, sitting down, walking, swallowing • Blood in urine or stool • Injury to the breasts or genital area: redness, bruising, cuts, or swelling	• Engages in sexual behaviour that is beyond the child's age and stage of development • Inappropriate knowledge of sexual acts or copying adult sexual behaviour • Details of sex in the child's drawings or writing • Inappropriate sexual behaviours with other children or adults • Fears or refuses to go to a parent/caregiver, relative, or friend for no clear reason • Does not trust others • Is very compliant or extremely aggressive • Changes in personality that do not make sense (e.g., happy child becomes withdrawn) • Problems or change in sleep pattern (e.g., nightmares) • Very demanding of affection or attention or clingy • Goes back to behaving like a young child (e.g., bed-wetting, thumb-sucking) • Refuses to be undressed or, when undressing, shows fear • Tries to hurt oneself (e.g., uses drugs or alcohol, eating disorder, suicide) • Discloses sexual harm, exposure to pornography, or inappropriate touching from adult or older caregiver	• May be very protective of the child resulting in the child being isolated from adults and peers • Clings to the child for comfort • Is often alone with the child • May be jealous of the child's relationships with others • Does not like the child to be with friends unless the parent/caregiver is present • Talks about the child being "sexy" • Touches the child in a sexual way • May use drugs or alcohol to feel freer to sexually harm • Allows or tries to get the child to participate in a sexual behaviour

If you suspect child maltreatment, you are legally obligated to consult with or report to:
Valoris for Children and Adults of Prescott-Russell at 613-675-5148 or 1-800-675-6168

Witnessing Family Violence

Family violence is the result of an imbalance of power. The aim of the perpetrator or abuser is to intimidate, frighten, and gain control. The well-being and development of the children in homes where there is family violence can be severely compromised.

Witnessing family violence refers to the multiple ways in which a child is exposed to family violence (e.g., directly seeing and/or hearing the violence, being used by the perpetrator, and/or experiencing the physical, emotional, and psychological results of the violence).

Child Maltreatment – Witnessing Family Violence: Possible Indicators
(Continued on next page)

Physical Indicators in Children	Behavioural Indicators in Children	Behaviours Observed in Adults Who Abuse Children
• The child does not develop as expected • Often complains of nausea, headaches, or stomach aches without any obvious reason, has medical ailments • Fatigued due to lack of sleep or disrupted sleep • May suffer serious unintended injuries • May exhibit signs and symptoms of post-traumatic stress disorder • Rigid body when experiencing stress • Shows signs of physical harm, whether deliberate or accidental, during or after a violent episode	• May be aggressive and have temper tantrums, destructiveness • May show withdrawn, depressed, and nervous behaviours (e.g., clinging, whining, excessive crying) • Acts out what has been seen or heard between the parents/caregivers; discloses family violence; may act out sexually • Tries too hard to be good and to get adults to approve • Is afraid of: someone's anger, own anger (e.g., killing the abuser), self or other loved ones being hurt or killed, being left alone and not cared for • Problems sleeping (e.g., cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) • Overly responsible	**The abusive partner:** • Has trouble controlling self • Uses power games, intimidation • Instills fear through looks, actions • Has trouble talking and getting along with others • Uses threats and violence (e.g., threatens to hurt, kill, or destroy someone or something that is special; is cruel to animals) • Is physically, emotionally, and economically controlling of his/her partner • Forces the child to watch a parent/partner/caregiver being hurt • Is always watching what the partner is doing • Insults, blames, and criticizes the partner/abused in front of others; distorts reality • Jealous of partner/abused talking or being with others • Does not allow the child or family to talk with or see others • Uses money to control behaviour and withholds basic needs • Uses violence as a way to win, to get what they want • Uses drugs and/or alcohol

Child Maltreatment – Witnessing Family Violence: Possible Indicators *(Continued from previous page)*		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
	• May believe that: it is all right for men to hit women, violence is a way to win arguments, men are bullies who push women and children around, big people have power they often misuse, women are victims and can't take care of themselves • Bed-wetting (inappropriate for age) • Hoards food • Tries to hurt oneself (e.g., cutting) • Cruel to animals • Stays around the house to keep watch; tries not to spend much time at home; runs away from home • Difficulties at school • Takes the job of protecting and helping the mother, siblings • Does not get along well with other children	**The abused partner:** • Holds the belief that men have the power and women have to obey • Is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser uses money to control behaviour and withholds basic needs • Seems to be frightened, humiliated, full of shame, with a heightened sense of powerlessness • Discloses family violence • Discloses that the abuser assaulted or threw objects at someone holding a child

If you suspect child maltreatment, you are legally obligated to consult with or report to:
Valoris for Children and Adults of Prescott-Russell at 613-675-5148 or 1-800-675-6168

Poor oral care can result in the development of early childhood tooth decay (ECTD) even before the first tooth erupts. ECTD often begins on a child's top front teeth just under the lip. Chalky white or brown spots may be early signs of tooth decay.

Dental problems in early childhood have also been shown to impact general growth and cognitive development by interfering with sleep, appetite, and eating patterns, as well as cause poor school behaviour and negative self-esteem. Therefore, access to dental care and early development of good oral hygiene habits are important.

Risk factors for early childhood tooth decay… the presence of one or more of these risk factors should be considered a red flag:

Exposure of teeth to fermentable carbohydrates (e.g., formula, juice, milk, and breast milk) through:

- Prolonged feeding sessions with a bottle, sippy cup, or plastic bottles with straws
- Retaining the nipple in an infant's mouth for prolonged periods when not actively drinking during breastfeeding
- High sugar consumption in infancy
- Sweetening pacifiers/soothers
- Long term use of sweetened medications
- Using a bottle beyond one year of age
- Going to sleep with a bottle with anything but water
- Frequent snacks containing sugar or cooked starch (cariogenic snacks) without oral hygiene. Examples of cariogenic foods and drinks:
  - Sugar and chocolate confectionary, candy
  - Sugared breakfast cereals
  - Fruit salad in syrup, jams, preserves, and honey
  - Cakes, buns, pastries, biscuits
  - Soft drinks, sugared milk-based beverages, fruit cocktails, punches, and drinks
  - Potato chips

Physiological factors:

- Factors associated with poor enamel development, such as prenatal nutrition, poor prenatal health, and malnutrition of the child
- Possible enamel deficiencies related to prematurity or low birth weight
- Lack of exposure to fluoridated water
- Window of infectivity: transfer of oral bacteria from parent/caregiver to the child between 19 and 31 months of age through frequent intimate contact or sharing utensils

Other risk factors:

- Poor oral hygiene – ineffective or infrequent brushing (fewer than twice per day)
- Sibling history of early childhood tooth decay
- Lower socioeconomic status
- Limited access to dental care
- Limited or poor parenting skills and child management
- Parent's/caregiver's lack of dental knowledge
- Lack of routines for mealtime and hygiene
- Late first visit to a dentist
- Developmental delays
- Cancers

Dental and Oral Health

The Child's First Visit

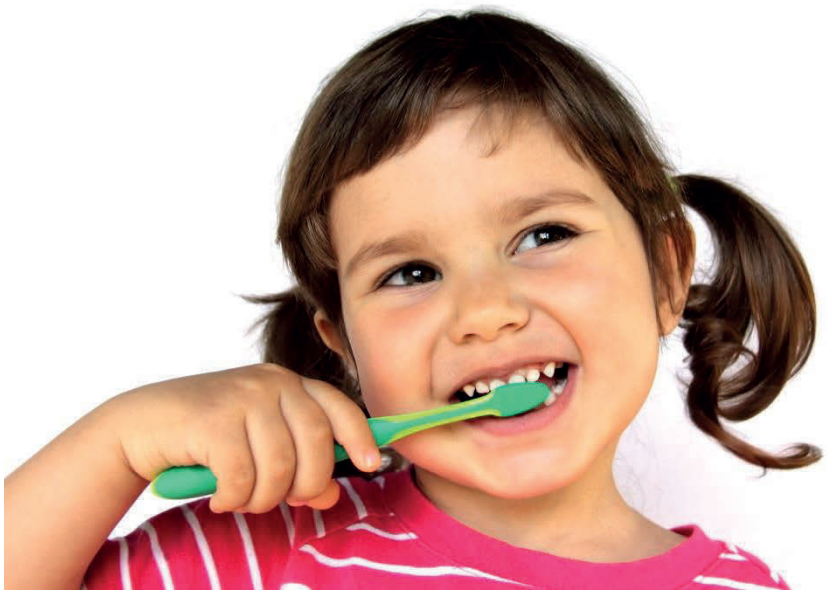
The Canadian Dental Association recommends that a child's first visit to a dentist should occur at one year of age.

For more information, visit http://www.cda-adc.ca/en/oral_health/cfyt/dental_care_children/first_visit.asp

WHERE TO GO FOR HELP

- The Ontario Association of Public Health Dentistry (OAPHD) recommends that the first visit to a dentist should occur at one year of age. For more information, visit www.oaphd.on.ca or www.cdho.org
- For nutritional concerns, see "Feeding and Swallowing" section (page 29) or "Nutrition" section (page 45)
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400

Sources: Adapted by the Eastern Ontario Health Unit from materials created by Public Health Dental Services in York Region and Simcoe County



Family/environmental stressors

The environment in which a child grows and learns can greatly impact the development of a child physically, cognitively, behaviourally, and emotionally and has lasting effects on that child throughout their lifespan.

There are two main characteristics of the child's environment that this section refers to: the physical and emotional environment as well as relationships in the child's life. The child's physical surroundings include elements such as the condition of the child's home and the safety of the child's neighbourhood. The relationship the child has with his/her caregiver/s is often the most significant factor in their growth and development.

Family stressors can include poverty or the accessibility of basic needs, such as availability of appropriate and sufficient nutrition, shelter, clothing, marital breakdown, addictions, or illness. Children can also experience more extreme forms of family stress, such as witnessing or suffering maltreatment or neglect.

If any one of these stressors is found, this could affect a child's normal development and should be considered a red flag:

Parental factors

- History of maltreatment – parent/caregiver or child
- Bullying behaviours
- Severe, chronic, or capacity-reducing health problems
- Substance abuse
- Partner maltreatment
- Difficulty controlling anger or aggression
- Feelings of inadequacy, low self-esteem
- Lack of knowledge or awareness of child development
- A young, immature, or developmentally-delayed parent/caregiver
- History of postpartum depression
- History of crime or incarceration of parent/caregiver
- Lack of parent/caregiver literacy or lack of school completion

Social/family factors

- Family breakdown
- Multiple births
- Several children close in age
- Prematurity and low birth weight
- Illness
- Death
- Trauma
- Recent immigration
- Geographic isolation
- Lack of cultural, linguistic community
- Frequent changes in home location
- Frequent changes in school district
- A special needs child
- An unwanted child
- Personality and temperament challenges in child or adult
- Mental or physical illness; special needs of a family member
- Alcohol or drug abuse
- Lack of a support network or caregiver relief
- Inadequate social services or supports to meet family's needs
- A series of losses in a short time frame
- Recent death of a parent/caregiver/child
- Substandard shelter or no fixed address over a time frame

Family/Environmental Stressors

Economic factors

- Inadequate income
- Unemployment
- Business failure
- Debt
- Inadequate housing or eviction
- Change in economic status related to immigration
- Transportation issues
- Over employment – needing to work multiple jobs

WHERE TO GO FOR HELP

If the child has special needs, advise the parent/caregiver to contact:

- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400

Sources: Adapted from "A Curriculum for Training Public Health Nurses Conducting Postpartum Home Visits", Invest in Kids, 2000 and Cornwall Community Hospital/Child and Youth Counselling Services

Feeding and Swallowing

Normal feeding and swallowing skills are important for overall health, adequate growth, and successful development in many areas such as communication and sensory motor skills. Parents/caregivers and professionals must consider the critical and sensitive periods related to the developmental feeding and swallowing milestones and be aware of the typical milestones for feeding skills in a child.

Healthy child development… if a child is missing one or more of these expected developmental age outcomes, consider this a red flag:

Birth-3 months

- Uses a rhythmic sucking pattern (suck, swallow, breath pattern) with sucking bursts of six to 20 sucks (lasting up to 30 seconds) and pauses of five to 10 seconds between sucking bursts
- Infant pauses to breathe after each swallow, and over time, the breathing rate becomes deeper and more relaxed during the feed
- Latches on appropriately to breast or bottle
- Uses negative pressure to create an effective suck at breast or bottle without losing the seal (no leaking)
- Infant uses the tongue effectively to move/extract fluid from the breast or bottle without signs of stress or fatigue
- Does not show signs of stress or fatigue during breast or bottle feeding.
- Infant effectively uses a protective cough or gag if the feed flow rate is too fast
- Infant feeds in fewer than 45 minutes

4-6 months

- Sucking bursts lengthen to include 20 or more sucks from the breast or bottle before pausing
- Maintains latch and sucking on breast or bottle
- Prepares for nipple with open mouth, and tongue is nicely cupped around nipple

6-8 months

- Baby begins to hold bottle and feeds in fewer than 45 minutes
- Baby shows an interest in solid foods and opens mouth and leans forward when solids are offered
- Swallows thicker, pureed foods and tiny, soft, slightly noticeable lumps
- Food is not pushed out by the tongue, but minor loss of food will occur
- Tongue moves up and down to mash food upwards onto hard palate, with no side to side movement
- Munches/chews on soft or dissolvable solids
- Does not yet use teeth and gums to clean food from lips
- Baby may orally explore food and use upper lip to clean spoon
- Cup is introduced

9-12 months

- Baby is fed in upright position
- Strong, rhythmical suck predominates and longer sequences of suck-swallow-breathe at bottle and breast
- Baby begins to experiment drinking liquids from a cup
- Baby usually takes up to three sucks before stopping or pulling away from the cup to breathe
- Can hold a soft cracker between the gums or teeth without biting all the way through
- Begins to transfer food from the center of the tongue to the side
- Uses side to side tongue movement with ease when food is placed on the side of the mouth
- Self-feeding, reaches for finger food using full-hand grasp and then pincer grip and brings food to mouth
- Uses upper lip to remove food from spoon
- Baby beginning to manage a variety of food textures such as lumpy, blended foods, and soft table foods

Feeding and Swallowing

12-18 months

- Longer drinking sequences from the cup, maybe up to 30 ml at a time
- Baby beginning to be weaned from bottle
- Baby shows desire for independent feeding by holding cup, spoon and finger feeding
- Begins to eat finely chopped table foods
- Some coughing and choking may occur if the liquid flows too fast
- Self-feeding without a utensil
- Able to bite a soft cracker
- May lose food or saliva while chewing
- Tongue lateralization matures (the ability to consistently transfer food from the centre to the sides of one's mouth)
- Rotary chew emerges at approx. 12 months and is mature by approximately 15 months of age

18 months

- Tongue does not protrude from the mouth; cup rim is stabilized by jaw
- Minimal loss of food or saliva during swallowing, but may still lose some during chewing
- Attempts to keep lips closed during chewing to prevent spillage
- Able to bite through a hard cracker
- Begins to use a spoon to self-feed
- Baby may drool if cutting teeth
- Removes food from lips with tongue, teeth, or fingers

2 years

- Well-developed coordination of swallowing with breathing control
- Chewing motion is rapid and skilful from side to side without pausing in the centre or midline of the tongue
- No longer loses food or saliva when chewing
- Will use tongue to clean food from the upper and lower lips
- Able to open jaw to bite foods of varying thicknesses
- Cup drinking improves with increased jaw stability
- Drinks a variety of liquids using an open cup
- By 24 months, eats most of the same foods as the rest of the family with some extra preparation to prevent choking
- By 24 months, eats with a utensil with little spilling

Other signs to look for:

- Recurrent chest infections
- Poor weight gain despite adequate intake
- Refusal to eat (panicked look, pulling away from food)
- Chest sounds noisy or wheezy with oral feeds
- Coughing during swallowing (may still be aspirating without coughing)
- Apnea during swallowing (child stops breathing for longer than usual)
- Changes in face colour – can be flushed or pale around the eyes or mouth, or full face

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- For self-feeding, see "Fine Motor" section (page 33). For nutritional concerns, see "Nutrition" section (page 45).
- For preschool-aged children (birth-six years old), the family, professionals, or Physician may contact the Hawkesbury & District General Hospital Children's Rehabilitation Program of Eastern Ontario at 613-632-1111 ext. 52801 or 1-800-790-8870 ext. 3.
- Watch Me Grow – Eastern Ontario Health Unit: Drop-in Centre for parents/caregivers of children under age six. Provides information on child development, parenting, safety issues, breastfeeding, introduction of solids, etc. Nurses are also available to weigh and immunize children. You may call 613-933-1375 or 1-800-267-7120.
  http://www.eohu.ca/watchmegrow/
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400
- Ottawa Children's Treatment Centre at 1-800-565-4839
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520

Sources: Adapted from York Region Red Flags (2009) and revised in 2010 by Ottawa Children's Treatment Centre. CommuniCare Therapy, Children's Hospital of Eastern Ontario, First Words Preschool Speech and Language Program and Carefor Health and Community Services.

Fetal Alcohol Spectrum Disorder (FASD)

Fetal alcohol spectrum disorder (FASD) is an umbrella term for the range of harm that is caused by alcohol use during pregnancy. It includes several medical diagnostic categories including fetal alcohol syndrome (FAS). FASD is preventable, but not curable. **Early diagnosis and intervention can make a difference.**

Most children with FASD have no external physical characteristics. Only 20% of children have facial dysmorphology. Children exposed prenatally to alcohol, who do not show physical/external or facial characteristics, may suffer from equally severe central nervous system damage. Below are characteristics of children with FASD.

If a child presents with any of the following… consider this a red flag:

Infants

- Low birth weight, failure to thrive, small size, small head circumference, and ongoing growth retardation
- Disturbed sleep, irritability, persistent restlessness
- Failure to develop routine patterns of behaviour
- Prone to infections
- Erratic feeding schedule, may not experience feelings of hunger
- May be floppy or too rigid because of poor muscle tone
- May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida
- Facial dysmorphology – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip, ear anomalies

Toddlers and preschoolers

- Facial dysmorphology – as above
- Developmental delays
- Slow to acquire skills
- Sleep and feeding problems persist
- Memory impairment: may have poor recall and difficulty filling in the blanks
- Hyposensitivity: may not sense extreme temperatures or pain
- Sensory hypersensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)
- Late development of motor skills – clumsy and accident prone
- Late development or regression of speech and language

Junior kindergarten/senior kindergarten

- Facial dysmorphology – as above
- Learning and neuro-behavioural problems (easily distracted, poor memory, impaired learning, impulsive)
- Discrepancy between good expressive and poor receptive language (is less capable than he/she looks)
- Attention deficit and/or hyperactivity, extreme tactile and auditory defensiveness
- Sensory integration disorders – may seek or avoid tactile or auditory input
- Information processing problems
- Difficulty reading non-verbal cues, unable to relate cause and effect, poor social judgment
- Dysmaturity: less mature than expected for their age, may seek out younger children or toys
- Attachment issues: may be inappropriately friendly with strangers, may take things belonging to others

Fetal Alcohol Spectrum Disorder (FASD)

WHERE TO GO FOR HELP

If there are concerns, advise parents/caregivers to contact their Physician or Paediatrician or Nurse Practitioner for referral to the appropriate specialist.

If the child has special needs, advise the parent/caregiver to contact:

- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168

- For preschool-aged children (birth-six years old), the family, professionals, or Physician may contact the Hawkesbury & District General Hospital Children's Rehabilitation Program of Eastern Ontario at 613-632-1111 ext. 52801 or 1-800-790-8870 ext. 3.
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520.
- Watch Me Grow – Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120 http://www.eohu.ca/watchmegrow/
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400
- For more information about FASD
  - Best Start website: www.beststart.org
  - Health Canada website: www.hc-sc-gc.ca/hecs-sesc/cds.pdf/BestpracticesEnglishclosed.pdf

Sources: Adapted from York Region Red Flags (2009).

Fine Motor

Fine motor skills involve the coordination of small muscle movements in the fingers and the hands that enable a child to complete tasks such as grasping and manipulating small objects, dressing, feeding oneself, cutting, and writing. Many activities depend on the coordination of gross and fine motor skills and vision.

Healthy child development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 2 months - 3 months
- Sucks well on a nipple
- Holds an object momentarily if placed in hand
- Opens and shuts hands

By 4 months
- Sucks well on a nipple
- Brings hands or toy to mouth
- Turns head side to side to follow a toy or an adult face
- Brings hands to midline while lying on the back
- Starts to reach for a toy
- Holds breast or bottle with one or both hands
- Puts hands on knees

By 6 months
- Eats from a spoon (e.g., infant cereal)
- Reaches for a toy when lying on the back
- Uses hands to reach and grasp toys
- Holds a bottle to mouth by self

By 9 months
- Picks up small items using the thumb and first finger
- Passes an object from one hand to the other
- Releases objects intentionally
- Plays pat-a-cake

By 12 months
- Holds, bites, and chews foods (e.g., crackers)
- Takes things out of a container
- Points with index finger
- Plays games like peek-a-boo
- Holds a cup to drink using two hands
- Picks up and eats finger foods

By 18 months
- Helps with dressing by pulling out arms and legs
- Stacks two or more blocks
- Scribbles with crayons
- Eats foods without coughing or choking
- Puts items into a container
- Can match shape-sorters
- Uses one hand more often than the other

By 2 years
- Takes off own shoes, socks, or hat
- Stacks five or more blocks
- Eats with a spoon with little spilling
- Turns the pages of a book individually

By 3 years
- Turns the pages of a book
- Dresses or undresses with help
- Unscrews a jar lid
- Holds a crayon with fingers
- Draws vertical and horizontal lines in imitation
- Copies a circle already drawn
- Child able to perform “immature digital pronated grasp” – wrist out, thumb down, tool held with fingers, no web space, arm moves as a unit
- Does finger plays while singing little songs

Fine Motor

By 4 years

- Holds a crayon correctly
- Undoes buttons or zippers
- Cuts with scissors
- Dresses and undresses with minimal help

By 5 years

- Draws diagonal lines and simple shapes
- Uses scissors to cut along a thick line drawn on paper
- Dresses and undresses without help except for small buttons, zippers, and snaps
- Draws a 3-part person (head, legs, and arms; head, trunk, and legs; or stick person)

By 6 years

- Draws person with head, facial parts, arms, legs, trunk, hands, and feet

Other signs to look for:

- Infants who are unable to hold or grasp an adult finger or a toy/object for a short period of time
- Unable to play appropriately with a variety of toys, or avoids crafts and manipulatives
- Consistently ignores or has difficulty using one side of body, or uses one hand exclusively

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- For preschool-aged children (birth-six years old), the family, professionals, or Physician may contact the Hawkesbury & District General Hospital Children's Rehabilitation Program of Eastern Ontario at 613-632-1111 extension 52801 or 1-800-790-8870 extension 3.
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520.
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168.
- For children in Licensed Home Child Care Services: Integration Services of the United Counties of Prescott and Russell for Children with Special Needs at 613-764-3434 or 1-866-764-3434.

Sources: Adapted by S.D. & G. Developmental Services Centre from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

Gross motor skills refer to the coordination of the large muscle groups of the body involving the arms, the legs, the feet, or the entire body. They are important for major body movements such as crawling, walking, sitting, jumping, lifting, kicking, and throwing a ball. The development of motor control serves two distinct purposes. The first is the ability to stabilize the body in space (posture and balance) and the second is the ability to move in space. Perception (information about the body and the environment), cognition (thinking), and motor processes (muscles working together) all play a role in the production of movement.

Healthy child development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 3 months
- Lifts head up when held at your shoulder
- Lifts head up when on the tummy
- Brings both hands simultaneously to midline of chest or face when on back
- Pushes legs down when feet are put on a surface; kicks feet

By 4 months
- Keeps head in line with the middle of the body and brings hands to chest when lying on the back
- Lifts head and supports self on forearms on the tummy
- Holds head steady when supported in a sitting position
- Rolls from stomach to back; sits with a little support at the waist

By 6 months
- Rolls from the back to the stomach or from the stomach to the back
- Pushes up on hands when on the tummy
- Sits on the floor with support
- Sits with support of a highchair
- Sits briefly while leaning on hands
- Pulls self to a sitting position from lying on back
- Puts most of weight on legs when adult supports

By 9 months
- Sits on the floor without support
- Moves self forward on the tummy or rolls continuously to get an item
- Stands with support
- Turns trunk when sitting by self

By 12 months
- Gets up to a sitting position on own
- Pulls to stand at furniture
- Walks holding onto hands (of parent/caregiver) or furniture

By 18 months
- Walks alone
- Crawls up stairs
- Plays in a squat position
- Sits in small chair; walks up three stairs, two feet per step, when one hand is held

By 2 years
- Walks backwards or sideways pulling a toy
- Jumps with both feet leaving the floor at the same time
- Kicks a ball

Gross Motor

By 3 years

- Stands on one foot briefly
- Climbs stairs with minimal or no support
- Kicks a ball forcefully
- Pedals a riding toy
- Runs on toes with both feet leaving ground

By 4 years

- Stands on one foot for one to three seconds without support
- Goes up stairs using alternating feet
- Rides a tricycle using foot peddles
- Walks on a straight line without stepping off
- Skips on one foot

By 5 years

- Hops on one foot, eight to 10 hops in a row
- Throws and catches a ball successfully most of the time
- Plays on playground equipment safely and without difficulty

Other signs to look for:

- Baby is unable to hold head in the middle to turn and look left and right
- Unable to walk with heels down, four months after starting to walk
- Asymmetry (i.e., a difference between two sides of the body; or body too stiff or too floppy)
- Baby has significant flattening of head (risk of plagiocephaly)
- Baby prefers to hold head to one side – can be as early as birth (risk of torticollis)

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- For preschool-aged children (birth-six years old), the family, professionals, or Physician may contact the Hawkesbury & District General Hospital Children's Rehabilitation Program of Eastern Ontario at 613-632-1111 extension 52801 or 1-800-790-8870 extension 3.
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520.
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168.
- For children in Licensed Home Child Care Services: Integration Services of the United Counties of Prescott and Russell for Children with Special Needs at 613-764-3434 or 1-866-764-3434.

Sources: Adapted by S.D. & G. Developmental Services Centre from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

Hearing helps to enable infants and children to learn language and to stimulate brain development. It is important to identify and address hearing problems as soon as possible.

Undetected hearing loss is one cause of delayed language development. Delayed language development can lead to behaviour and emotional problems and later to academic problems in school.

Healthy child development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

Birth-3 months
- Startles, cries, or wakens in response to loud sounds
- Moves head, eyes, arms, and legs in response to a noise or voice
- Smiles when spoken to or calms down; appears to listen to sounds and talking

4-6 months
- Responds to changes in your voice tone
- Looks around to determine where new sounds are coming from; responds to music
- Makes different cries for different needs (I'm hungry, I'm tired)
- Watches your face when you talk
- Smiles and laughs in response to your smiles and laugh
- Imitates coughs or other sounds (ah, eh, buh)

7-12 months
- Turns or looks up when her/his name is called
- Responds to noises like telephone ringing or knock at the door
- Responds to the word "no"; listens when spoken to
- Expresses what he/she wants through sounds and gestures (raising arms to be picked up)
- Babbles and repeats sounds (babababa, duhduhduh)
- Understands common words like "cup", "shoe", "mom"
- Responds to requests, such as "want more", "come here"
- Plays social games with you like peek-a-boo
- Enjoys being around people

By 12 months
- Follows simple one-step directions (sit down)
- Looks across the room to something you point to
- Uses three or more words
- Uses gestures to communicate (waves bye-bye, shakes head "no")
- Gets your attention by using sounds, gestures, and pointing while looking at your eyes
- Brings toys to show you
- "Performs" for attention and praise
- Combines many sounds as through talking (abada baduh abee)
- Shows interest in simple picture books

By 18 months
- Turns toward you when you call child's name from behind
- Follows simple commands
- Responds with words or gestures to simple questions ("Where's teddy?", "What's that?")
- Understands the concepts of "in and out", "off and on"
- Points to several body parts when asked
- Tries to "talk" by pointing, reaching, and making noises
- Knows sounds like a closing door and a ringing phone
- Makes at least four different consonant sounds (b, n, d, g, w, h); uses at least 20 words
- Demonstrates some pretend play with toys (gives teddy a drink, pretends a bowl is a hat)
- Enjoys being read to and looking at simple books with you
- Points to pictures using one finger

Hearing

By 24 months

- Follows two-step directions ("Go find your teddy bear and show it to Grandma")
- Listens to a simple story
- Forms words and sounds easily and effortlessly
- People can understand his or her words 50 to 60 per cent of the time
- Learns new words every week
- Uses 100 or more words; uses at least two pronouns ("you", "me", "mine")
- Consistently combines two or more words in short phrases (“daddy hat”, “truck go down”)
- Enjoys being with other children
- Begins to offer toys to peers and imitates other children's actions and words
- Shows early literacy skills, such as holding books the right way up, turning pages, "reading" to stuffed animals or toys, and/or scribbling with crayons

By 30 months

- Understands the concepts of size (big/little) and quantity (a little, a lot, more)
- Listens to a simple story
- Remembers and understands familiar stories
- Puts sounds at the start of most words
- Produces words with two or more syllables or beats ("ba-na-na", "com-pu-ter", "a-pple")
- Uses some adult grammar ("two cookies", "bird flying", "I jumped")
- Learns new words every week
- Uses more than 350 words
- Uses action words (run, spill, fall)
- Begins taking short turns with other children, using both toys and words
- Shows concern when another child is hurt or sad
- Combines several actions in play (feeds doll then puts her to sleep; puts blocks in train, then drives train and drops blocks off)
- Recognizes familiar logos and signs (McDonalds golden arches, stop sign)
- Learns new words every week

By 3 years

- Hears you when you call from another room
- Listens to the television at the same loudness as the rest of the family
- Answers simple questions
- Speaks clearly enough to be understood most of the time by family
- Understands “who”, “what”, “where”, and “why” questions
- Creates long sentences using five to eight words
- Talks about past events (e.g., trip to Grandparents’ house, day at childcare)
- Tells simple stories
- Is understood by most people outside of the family, most of the time
- Shows affection for favourite playmates
- Engages in multi-step pretend play (e.g., pretending to cook a meal, repair a car, etc.)
- Aware of the function of print (e.g., in menus, lists, signs)
- Beginning interest in, and awareness of, rhyming

By 4 years

- Pays attention to a story and answers simple questions
- Hears and understands most of what is said at home and school
- Follows directions involving three or more steps (e.g., “First get some paper, then draw a picture, last give it to Mom”)
- Family, teachers, and others think he or she hears fine
- Is understood by strangers almost all of the time
- Speaks clearly enough to be understood most of the time by anyone
- Uses adult-type grammar
- Tells stories with a clear beginning, middle, and end
- Talks to try to solve problems with adults and other children
- Demonstrates increasingly complex imaginative play
- Able to generate simple rhymes (e.g., “cat-bat”)
- Matches some letters with their sounds (e.g., letter T says “tuh”)

By 5 years

- Speaks clearly enough to be understood most of the time by anyone
- Follows group directions (e.g., “All the boys get a toy”)
- Understands directions involving “if… then” (e.g., “If you’re wearing runners, then line up for gym”)
- Describes past, present, and future events in detail
- Uses almost all of the sounds of their language with few to no errors
- Seeks to please his/her friends
- Shows increasing independence in friendships (e.g., may visit neighbour by him/herself)
- Knows all the letters of the alphabet
- Identifies the sounds at the beginning of some words (e.g., Pop starts with the “puh” sound)

Red Flag:
If a child is experiencing any of the following, consider this a potential concern:

- Early babbling stops
- Ear pulling (with fever or crankiness)
- Does not respond when called
- Frequent or recurrent ear infections, draining ears
- Loud talking
- Presence of a speech and/or language delay,
- A family history of hearing loss
- Infectious diseases that cause hearing loss (e.g., meningitis, measles, and cytomegalovirus [CMV] infection)
- Medical treatments that may have hearing loss as a side effect, including some antibiotics and some chemotherapy agents
- Poor school performance

WHERE TO GO FOR HELP

Hearing and Speech go together. A problem with one could mean a problem with the other.

If there are concerns, advise the parent/caregiver to contact:

- Their family Physician or Paediatrician or Nurse Practitioner for a referral to an audiologist
- Local audiologist (listing of private audiologists www.osla.on.ca)
- Eastern Ontario Infant Hearing Program (for children up to two years of age with a hearing impairment or concern) 613-688-3979 or 1-866-432-7447 www.children.gov.on.ca/htdocs/English/topics/earlychildhood/hearing/index.aspx

Sources: Adapted from York Region Red Flags (2009) and revised in 2010 by First Words Preschool Speech and Language Program and Centre Jules-Léger with resources from Can your baby hear? Ontario Ministry of Children and Youth Services.

Learning Disabilities

Learning disabilities (LDs) are brain-based processing difficulties that affect:

- Getting information into the brain;
- Making sense of this information;
- Storing and later retrieving this information (memory); or
- Getting this information back out.

Learning disabilities may affect:

➢Academic performance
- spelling
- reading
- listening
- focusing
- remembering

➢Life skills
- planning
- organizing
- predicting

➢Physical interaction with the world
- balance
- coordination
- movement

➢Social functioning

Risk indicators for later development of learning disabilities:

Delay in cognitive skills
- Not demonstrating object permanence
- Limited understanding of means-ends relationships (e.g. using a stool to reach a cookie jar)
- Lack of symbolic play behaviour

Delay in comprehension and/or expression of spoken language
- Limited receptive vocabulary
- Reduced expressive vocabulary (“late talkers”)
- Difficulty understanding simple (e.g. one-step directions
- Monotone or other unusual prosodic features of speech
- Infrequent or inappropriate spontaneous communication (vocal, verbal, or nonverbal)
- Immature syntax

Delay in emergent literacy skills
- Slow speed for naming objects and colours
- Limited phonological awareness (e.g. rhyming, syllable blending)
- Minimal interest in print
- Limited print awareness (e.g. book handling)

Delay in perceptual-motor skills
- Problems in gross or fine motor coordination (e.g. hopping, dressing, cutting, stringing beads)
- Difficulty colouring, copying, and drawing

Attention and behaviour
- Distractibility/inattention
- Impulsivity
- Hyperactivity
- Difficulty changing activities or handling disruptions to routines

It is important to remember that risk indicators do not necessarily predict later learning problems, particularly when only a single indicator is present.

However, if there are risk indicators present, a child's development should be carefully monitored and he/ she should be provided with high quality learning opportunities. Children who do not respond adequately to these opportunities may be at increased risk for learning disabilities and require referral for targeted screening and/or comprehensive evaluation.

WHERE TO GO FOR HELP

If there are concerns, advise the parent or caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner
- For school-aged children, ask the family to contact the School Principal
- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168

Sources: Adapted from the York Region Red Flags (2009) and revised by Learning Disabilities Association of Ontario with reference to Operationalizing the New Definition of Learning Disabilities for Utilization within Ontario's Educational System, Learning Disabilities Association of Ontario, 2001 and Learning Disabilities and Young Children: Identification and Intervention, National Joint Committee on Learning Disabilities, 2006.

Literacy

Early or emergent literacy refers to the set of skills that children will use to learn to read, write, and communicate. Early literacy begins prenatally and combines a child's ability to speak, to listen, to experience, to understand, and to talk about the events and experiences in their world. Early literacy skills evolve in relation to a child's interaction with their family and community environment.

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 3 months
- Shows interest in contrast between light and dark
- Makes eye contact with pictures in book
- Looks intensely at pictures for several minutes

By 6 months
- Enjoys music, songs, and rhymes
- Reaches for and explores books with hands and mouth
- Sits on lap and holds head up steadily
- Shows preference for photographs of faces
- Uses both hands to manipulate the book to make the pages open and close

By 12 months
- Shows interest in looking at books
- Holds book with help
- Tries to turn several pages at a time
- Looks at pictures, vocalizes, and pats picture
- Sits up without support
- Plays social games with you (e.g., peek-a-boo)

By 18 months
- Points at pictures with one finger
- Enjoys being tickled, bounced, and listening to nursery rhymes
- Identifies pictures in a book (e.g., Show me the baby)
- Able to carry a book and turn pages well
- Holds a crayon or pencil in fist and marks paper, scribbles
- Labels a particular picture with a specific sound
- Enjoys being read to and enjoys looking at books
- Relates an object or an action in a book to the real world

By 2 years
- Asks for favourite books to be read over and over again
- Pretends to read
- Names familiar pictures
- Scribbles
- Holds books the right way up and turns pages easily, one at a time
- Relates events in books to his/her own past experiences
- Notices print rather than just the pictures
- Can join in and recite phrases

By 30 months
- Produces words with two or more syllables or beats (ba-na-na, com-pu-ter)
- Recognizes familiar logos and signs (e.g., stop sign)
- Remembers and understands familiar stories

By 3 years
- Sings simple songs and familiar rhymes
- Pretends to read familiar books aloud
- Knows how to use a book (holds/turns pages one at a time, starts at the beginning, points/talks about pictures)
- Looks carefully and makes comments about books
- Fills in missing words/phrases in familiar books that are read aloud
- Holds a pencil/crayon with pincer grasp and uses it to draw/scribble
- Imitates writing with linear scribbles
- Copies a circle, vertical and horizontal lines when shown
- Talks about past events

By 3 years *(cont.)*

- Tells simple stories
- Engages in multi-step pretend play (cooking a meal, repairing a car)
- Is aware of the functions of print (in menus, signs)
- Has a beginning interest in, and awareness of, rhyming
- Understands that print carries a message
- Shows ability to participate in routines

By 4½ years

- Tells stories with clear beginning, middle, and end
- Matches some letters with their sounds (e.g., letter "t" says tuh)
- Recites nursery rhymes and sings familiar songs
- Reads a book by memory or makes up the story to go along with the pictures
- Can guess what will happen next in the story
- Retells some details of stories read aloud but not necessarily in order
- Traces circle, triangle, square by drawing
- Recognizes signs and symbols in daily environment (e.g., traffic signs, washroom signs)
- Holds a pencil correctly
- Identifies the names of 10 alphabet letters (likely from own name)
- Understands the concept of rhyme; recognizes and generates rhyming words
- Changes a sound in a word to make a new word in familiar games and songs
- Enjoys being read to
- Is motivated to try to read

By 5½ years

- Can match all letter symbols to letter sounds
- Reads some familiar vocabulary by sight (high frequency words)
- Can label pictures quickly
- Knows parts of a book
- Understands the basic concepts of print (difference between letters, words, sentences, how the text runs from left to right, top to bottom, white space between words)
- Knowledge of the basic concepts of print shows in child's writing (letters instead of scribbles, letter groupings that look like words, invented spelling)
- Points to and says the name of most letters of the alphabet when randomly presented (upper and lower case); recognizes how many words are in a sentence
- Prints letters (by copying, or of his/her full name, or when attempting to spell words)
- Makes predictions about stories; retells the beginning, middle, and end of familiar stories
- Can recall a brief story that has just been heard
- When being read a story, connects information and events to real life experiences
- Can identify the beginning and ending sounds in words
- Can shift attention from meanings of words to sounds of words
- Draws diagonal lines and simple shapes
- Able to sort objects by size, colour, use, etc.
- Able to understand simple patterning
- Understands numbers from one through 10

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- Kindergarten team (Teacher, Early Childhood Educator) *or*
- Parent Resource Centre Early Literacy Specialist at 1-888-565-2466
- Glengarry-Prescott-Russell Ontario Early Years Centre at 613-764-3434 or 1-866-764-3434
- Our Children Our Pride (Family Centres) at 613-632-7837 or 1-866-363-3210
  - Embrun at 613-443-1614
  - Hawkesbury at 613-632-6959
  - Rockland at 613-446-4220
- Local library
  - Embrun at 613-443-3066 or 613-443-3636
  - Rockland at 613-446-5680
  - Vankleek Hill at 613-678-2216
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400

Sources: Developed by the Ontario Early Literacy Specialist serving the Stormont, Dundas & Glengarry, Prescott-Russell Region.

Mild Traumatic Brain Injury

Changes in behaviour may be related to a mild traumatic brain injury (e.g., falls, accidents, medical treatment, sports injuries, shaken baby syndrome).

If the child presents with one or more of the following behaviours that are different from the child's norm, consider this a red flag:

Physical

- Dizziness
- Headache
- Nausea
- Vomiting
- Balance problems
- Vision problems (blurred or double vision)
- Fatigue
- Sensitivity to light
- Sensitivity to noise
- Dazed
- Stunned

Emotional

- Irritability
- More emotional
- Sad
- Nervousness

Sleep

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Difficulty falling asleep

Cognitive

- Feeling mentally "foggy"
- Feeling slowed down
- Academic difficulties
- Difficulty concentrating
- Difficulty remembering
- Forgetful or recent information
- Confused about recent events
- Memory impairment or reduced learning speed
- Answers questions slowly
- Repeats questions
- Develops problems finding words or generating sentences consistently

Please note that mild shaken babies may have symptoms similar to a viral illness such as the "flu".

WHERE TO GO FOR HELP

If there are concerns, advise the parent or caregiver to contact:

- The nearest hospital *or*
- The Concussion Clinic at the Children's Hospital of Eastern Ontario (CHEO): 613 737-7600 extension 3396
- Their family Physician/Paediatrician/Nurse Practitioner

Sources: Reviewed by Bloorview MacMillan Children's Centre and the York Region Head Injury Support Group

Nutrition

Proper nutrition is extremely important for the overall health, growth, and development in all children, but especially in those aged birth to five years. These five years are crucial years of brain and body development and are the most rapid years of growth a child ever experiences.

If one or more of the following risk factors are present, consider this a red flag:

Birth-6 months

- Infants are not fed whenever they show signs of hunger
- During the first four months, infant not being fed frequently
- Cow's milk or other preparations are given instead of breast milk or iron-fortified infant formula
- Infant is fed using a propped bottle
- Infant cereal or other pureed foods are given in a bottle
- Powdered infant formula is used prior to two months of age
- Water for infant formula is not brought to a rolling boil for two minutes and equipment is not being sterilized
- Private well water used for infant feeding is not being regularly tested
- Infant formula is not being mixed at the correct dilution
- Breastfed or partially breastfed infant is not receiving a vitamin D supplement
- Liquids (including water and juice) or solids other than breast milk or iron-fortified infant formula are given before four months (preferably six months)
- Unsafe foods are given (e.g., honey, cow's milk, herbal tea)
- Infant is not supervised during feeding
- Growth concerns

6-12 months

- Infant is not consuming iron-rich foods daily
- No solid foods have been introduced; infant is exclusively breast or formula fed
- Infant formula is not being mixed at the correct dilution
- Cow's milk or other beverages are given instead of breast milk or infant formula before nine months
- Low-fat milk (2%, 1% or skim), soy, rice, or other vegetarian beverage is given regularly
- Breastfed or partially breastfed infant is not receiving a vitamin D supplement
- Infant drinks more than six ounces of juice per day
- Drinks juice in a bottle or a transportable covered cup that allows the baby to consume juice easily throughout the day
- Fruit drinks, pop, coffee, tea, cola, hot chocolate, herbal tea, herbal products, or honey are given
- At 10 months, child consistently refuses lumpy or textured foods
- Infant is not eating willingly or parents/caregivers imply that they force-feed
- Growth concerns

1-2 Years

- Child drinks less than 16 oz., or more than 24 oz., of milk per day
- No solid foods have been introduced; infant is exclusively breast or formula fed
- Skim milk, soy, rice, or other vegetarian beverage are given regularly before two years
- Child consumes excessive amounts of other calorie-containing or artificially-sweetened fluids, e.g. juice (more than 4-6 oz. per day), pop, and fruit drinks
- Child drinks liquids (including milk) primarily from a baby bottle
- Child does not eat a variety of table foods from the four food groups
- Child consistently refuses lumpy or textured foods
- Child does not finger/self-feed
- Child rarely or never has family meals
- Child spends a long time at meals (e.g. 1 hour)
- Simple mouth care not introduced (sterile water on gauze)
- Child "grazes" on food all day
- Parent/caregiver not allowing the child to decide how much to eat
- Growth concerns

2-5 Years

- Child drinks less than 16 oz., or more than 24 oz., of milk per day
- Child consumes excessive amounts of other calorie-containing or artificially-sweetened fluids, e.g., juice (more than 4-6 oz. per day), pop, and fruit drinks
- Child drinks liquids (including milk) primarily from a baby bottle
- Child does not eat a variety of table foods from the four food groups
- Child does not eat at regular times throughout the day (breakfast, lunch, and supper, plus two to three snacks)
- Child does not finger/self-feed
- Child has more than two hours of screen time per day (television, computer, video games)
- Child eats in front of the television or other distractions
- Growth concerns

General risk Factors

- Parents/caregivers not recognizing and responding to the child's verbal and non-verbal hunger cues
- Use of bottles made from bisphenol A (BPA)
- Suspected or diagnosed food allergy or food intolerance which results in food restrictions
- Problems with sucking, chewing, swallowing, gagging, vomiting, or coughing during or following eating
- Suffers from tooth or mouth problems that make it difficult to eat or drink
- Frequent constipation and/or diarrhea
- Follows a special diet that limits or includes special foods
- Excludes all animal products, including milk and eggs
- Unsafe or inappropriate foods are given (e.g., raw eggs, unpasteurized milk or cider, herbal tea, pop, fruit drink, coffee, caffeinated drinks, alcohol, foods that are choking hazards)
- Eats non-food items
- Infant or child is not supervised when eating
- Grazing or child consumes small amounts of food or beverages many times during the day instead of sitting down to eat meals and snacks at scheduled times
- Family uses pressure, rewards, or punishment to get child to eat
- Family has problems with inadequate food storage or cooking facilities
- Family is unable to obtain adequate food (e.g., due to financial constraints)
- Parent or caregiver uses a highly restrictive approach to feeding
- Caregiver feeds child in inappropriate position (on back for bottle after six months)
- Feeding refusal or behavioural issues that make feeding time lengthy or challenging for the caregiver
- Growth concerns

- Family is experiencing problems around feeding – mealtimes are unpleasant, infant/child refuses many foods or drinks excessive fluids throughout the day so is not hungry at mealtimes, parents/caregivers are possibly force feeding or offering inappropriate amounts of food
- Parents/caregivers have distorted issues with their own eating and/or body image
- Infant/child has medical problems that make eating or drinking a problem, such as swallowing issues, gagging, choking, etc.
- Infant/child has other health problems that may be related to diet, such as iron deficiency anemia, constipation, obesity, or body image issues
- Family has different beliefs related to foods (e.g., the use of herbal products; exclusion of food groups, such as meat and meat alternatives; use of unsafe products, such as unpasteurized milk)
- Family is low income. In order for families to access foods that will nourish them, they need to have enough money

WHERE TO GO FOR HELP

If there are concerns, advise the parent or caregiver to contact:

To find a consulting Registered Dietitian in your area, visit:

- The College of Dietitians of Ontario at 416-598-1725 or 1-800-668-4990 www.collegeofdietitians.org/default.aspx?lang=en-US
- EatRight Ontario at 1-877-510-5102 www.eatrightontario.ca/en/default.aspx

- Nutrition difficulties that are perceived as behavioural can sometimes be a developmental issue; refer to "Feeding and Swallowing" section (page 29).

You may also consult:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400
- Champlain Community Care Access Centre at 1-800-538-0520
- The Ottawa Children's Treatment Centre at 1-800-565-4839
- Centre de santé communautaire de l'Estrie
  - Bourget at 613-487-1802
  - Crysler at 613-987-2683
  - Embrun at 613-443-3888

Sources: Developed by Public Health Nutritionists and Dietitians from York Region Health Services. Reviewed and adapted by Dietitians from Eastern Ontario Health Unit.

Postpartum Mood Disorders (PPMD)

Postpartum mood disorders (PPMD) are complications that can occur within the first year after a child is born. PPMD can have serious effects on the mother, infant and family. If left untreated, they may hinder the mother's ability to meet her own needs, baby's needs, to read her baby's cues and to respond sensitively. Without intervention this could place the child's health and development at risk.

Common postpartum mood disturbances include "baby" blues, postpartum depression and postpartum psychosis (*Postpartum Depression: A Guide for Front-Line Health and Social Service Providers, CAMH 2005*). Postpartum anxiety can also impact or interfere with a mother's daily life and normal functioning.

The presence of any one of the following risk factors should alert health professionals that the mother may need intervention related to **Postpartum Mood Disorders**:

- Depression during pregnancy
- Anxiety during pregnancy
- Personal and/or family history of depression
- Lack of a support system (perceived or received)
- Recent stressful life events (relationship breakdown, death of loved one)
- Maternal personality (Worrier, anxious, "nervous")
- Low self-esteem
- Relationship difficulties

If the mother states, her partner or you observe one or more of the symptoms, consider this a red flag:

- Not feeling herself
- Is sad and tearful
- Feels exhausted, but unable to sleep or sleeps excessively
- Has changes in eating or sleeping pattern
- Feels overwhelmed and cannot concentrate
- Has no interest or pleasure in activities previously enjoyed
- No interest or pleasure in infant
- Feels hopeless or frustrated
- Feels restless, irritable, frustrated or angry
- Feels extremely high and full of energy
- Feels anxious
- Feels guilty and ashamed, thinks she is not a good mother
- Is not attaching with the baby or is afraid to be alone with the baby
- Has scary thoughts about the baby
- Has disturbing nightmares or flashbacks
- Avoids people, places or events
- Has thoughts about hurting self or baby

Postpartum Mood Disorders (PPMD)

Very rarely women will have Postpartum Psychosis. This is the most severe and rare form of postpartum mood disorder.

While rare, this is a serious illness with risks to the mother and the baby. Symptoms include:

- Onset of symptoms is rapid, (in many cases within 48 to 72 hours after birth) and most cases develop within the first two weeks postpartum
- Extreme depressed or elated mood (high / mania)
- Can exhibit bizarre or disorganized behaviour
- Can be confused or perplexed
- Psychotic symptoms (such as delusions – perhaps, mother believes she or baby has super powers or feelings of persecution), hallucinations - hearing noises/voices or seeing things that are not present)

If the mother has any of the above thoughts or feelings, do not wait. Get help right away. Do not leave the mother alone.

- If the mother is able to give consent, and with her permission, call a significant other to ask for help
- If the mother is able to give consent, and with her permission, call her Family Physician or emergency services (911)
- If unable to get consent, or to contact an identified significant other
- Call the Distress Centre 613-238-3311 (Open 24 hours a day to provide immediate support)
- Call 911

WHERE TO GO FOR HELP

If there are any concerns, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- For an emergency intervention, dial the Crisis Line at 1-866-996-0991 or the emergency services of your local hospital
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
    - Casselman at 613-764-2841 or 1-800-267-8260
    - Hawkesbury at 613-632-4355 or 1-800-565-2314
    - Rockland at 613-446-1400 or 1-844-446-1400
- Centre Royal Comtoisat 613-632-0139
- Centre de santé communautaire de l'Estrie
    - Bourget at 613-487-1802
    - Crysler at 613-987-2683
    - Embrun at 613-443-3888
- In the event that a child might need protection, Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168

Sources: Adapted from York Region Red Flags (2009) and revised in 2010 by Ottawa Public Health and Family Services à la famille Ottawa with reference to Ross, L.E., Dennis, L.E., Blackmore, E.R., and Stewart D. (2005) Postpartum depression; a guide for front-line health and social service providers. Centre for Addiction and Mental Health.

Sensory

Sensory integration refers to the ability to receive input through all of the senses – taste, smell, auditory, visual, touch, movement and body position – and the ability to process this sensory information into automatic and appropriate adaptive responses.

Problem signs…if a child's responses are exaggerated, extreme and do not seem typical for the child's age, consider this a red flag:

Auditory

- Responds negatively to unexpected or loud noises
- Is distracted or has trouble functioning if there is a lot of background noise
- Enjoys strange noises/seeks to make noise for noise's sake
- Seems to be "in his/her own world"

Visual

- Children over three – trouble staying between the lines when colouring
- Avoids eye contact
- Squinting, looking out of the corner of the eye
- Staring at bright, flashing objects

Taste/smell

- Avoids certain tastes/smells that are typically part of a child's diet
- Chews/licks non-food objects
- Gags easily
- Picky eater, especially regarding textures
- Shows preference for certain foods

Movement and body position

- Continually seeks out all kinds of movement activities (e.g., being whirled by adult, playground equipment, moving toys, spinning, rocking)
- Becomes anxious or distressed when feet leave the ground
- Poor endurance – tires easily; seems to have weak muscles
- Avoids climbing, jumping, uneven ground, or roughhousing
- Moves stiffly or walks on toes; clumsy or awkward; falls frequently
- Does not enjoy a variety of playground equipment
- Enjoys exaggerated positions for long periods (e.g., lies on the sofa with head facing down)
- Seeks out hugs or will lean into others or objects

Touch

- Becomes upset during grooming (e.g., hair cutting, face washing, fingernail cutting)
- Has difficulty standing in line or close to other people, or stands too close, always touching others
- Is sensitive to certain fabrics
- Fails to notice when face or hands are messy or wet
- Cannot tolerate hair washing, hair cutting, nail clipping, teeth brushing
- Craves lots of touch: heavy pressure, long-sleeved clothing, hats, and certain textures
- Touches others or everything around them
- Prefers to go barefoot or undressed

Activity level

- Always on the go, difficulty paying attention
- Very inactive, under-responsive

Emotional/social

- Needs more protection from life than other children
- Has difficulty with changes in routines
- Is stubborn or uncooperative, gets frustrated easily
- Has difficulty making friends
- Has difficulty understanding body language or facial expressions
- Does not feel positive about own accomplishments

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- Their family Physician/Paediatrician/Nurse Practitioner *or*
- For preschool-aged children (birth-six years old), the family, professionals, or Physician may contact the Hawkesbury & District General Hospital Children's Rehabilitation Program of Eastern Ontario at 613-632-1111 extension 52801 or 1-800-790-8870 extension 3.
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520.
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168.
- For children in Licensed Home Child Care Services: Integration Services of the United Counties of Prescott and Russell for Children with Special Needs at 613-764-3434 or 1-866-764-3434.

If your child has been diagnosed with autism, please refer to the "Autism Spectrum Disorder" section (page 14).

Sources: Developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

Social/Emotional

The relationship that children have with their primary caregiver/s during their early years, significantly impacts their social and emotional growth, as well as their behavioural and personality development. Children's early relationships in life influence their lifelong abilities to build trusting relationships, develop coping mechanisms to deal with everyday situations, and interact within their social environment. Unhealthy or lack of attachment can lead to emotional issues and attachment disorders.

Problem signs… if a child is experiencing any of the following, consider this a red flag:

Birth-8 months

- Failure to thrive with no medical reason
- Parent/caregiver and child do not engage in smiling and vocalization with each other
- Parent/caregiver ignores, punishes, or misreads child's signals of distress
- Parent/caregiver pulls away from infant or holds infant away from body with stiff arms
- Parent/caregiver is overly intrusive when child does not want contact
- Child is not comforted by physical contact with parent/caregiver

8-18 months

- Parent/caregiver and child do not engage in playful, intimate interactions with each other
- Parent/caregiver ignores or misreads child's cues for contact when distressed
- Child does not seek proximity to parent/caregiver when distressed
- Child shows little wariness towards a new environment or stranger
- Child ignores, avoids, or is hostile with parent/caregiver after separation
- Child does not move away from parent/caregiver to explore, while using parent/caregiver as a secure base
- Parent/caregiver has inappropriate expectations of the child, considering the child's age
- Sensory issues, limited food preferences

18 months-3 years

- Child and parent/caregiver have little or no playful or verbal interaction
- Child initiates overly friendly or affectionate interactions with strangers
- Child ignores, avoids, or is hostile with parent/caregiver when distressed or after separation
- Child is excessively distressed by separation from parent/caregiver
- Child freezes or moves toward parent/caregiver by approaching sideways, backwards, or circuitously
- Child alternates between being hostile and overly affectionate with parent/caregiver
- Parent/caregiver seems to ignore, punish or misunderstand emotional communication of child
- Parent/caregiver uses inappropriate or ineffective behaviour management techniques
- Sensory issues, limited food preferences, avoiding certain textures

3-5 years

- Child ignores adult or becomes worse when given positive feedback
- Child is excessively clingy or attention seeking with adults or refuses to speak
- Child is hyper vigilant or aggressive without provocation
- Child does not seek adult comfort when hurt or show empathy when peers are distressed
- Child's play repeatedly portrays maltreatment, family violence, or explicit sexual behaviour
- Child can rarely be settled down from temper tantrums within five to 10 minutes
- Child cannot become engaged in self-directed play
- Child is threatening, dominating, humiliating, or sexually intrusive with adult
- Parent/caregiver uses ineffective or abusive behaviour management techniques

WHERE TO GO FOR HELP

If the child has special needs, advise the parent/caregiver to contact:

- Integration Services of the United Counties of Prescott and Russell at 613-764-3434 or 1-866-764-3434
- Ottawa Children's Treatment Centre at 1-800-565-4839
- Valoris for Children and Adults of Prescott-Russell at 613-673-5148 or 1-800-675-6168
- Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400

Sources: Adapted from materials developed by New Path Youth and Family Services.

Speech and Language

The first years of life are very important for learning speech and language skills. Very early in their lives, children begin to learn to understand what you are saying, make sounds of their own, and develop speech and language skills. These skills help children make friends and are critical to a child's ability to learn to read and write. Communication skills are vital to a child's future success.

About one in 10 children needs help developing normal speech and language skills. The following developmental milestones show some of the skills that mark children's progress as they learn to communicate.

Healthy child development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 6 months
- Turns to source of sounds
- Startles in response to loud noises
- Makes different cries for different needs with varying pitch and intensity (e.g., hungry, tired)
- Watches your face as you talk
- Smiles/laughs in response to your smiles and laughter
- Imitates coughs or other sounds (e.g., "ah", "eh", "buh")

By 9 months
- Responds to his/her name
- Responds to the telephone ringing or a knock at the door
- Understands being told "no"
- Gets what he/she wants through gestures (e.g., reaching to be picked up)
- Plays social games with you (e.g., peek-a-boo)
- Enjoys being around people
- Babbles and repeats sounds, such as "babababa" or "duhduhduh"

By 12 months
- Follows simple one-step directions (e.g., "sit down")
- Looks across the room to a toy when an adult points at it
- Consistently uses three to five words, even if they are not clear
- Uses gestures to communicate (e.g., waves "hi/bye", shakes head "no")
- Gets your attention using sounds, gestures, and pointing while looking at your eyes
- Brings/extends toys to show you
- "Performs" for social attention and praise
- Combines lots of sounds together as though talking (e.g., "abada baduh abee")
- Shows an interest in simple picture books

By 18 months
- Understands the concepts of "in and out", "off and on"
- Points to several body parts when asked
- Responds with words or gestures to simple questions (e.g., "Where's teddy?", "What's that?")
- Uses at least 20 words consistently, even if they are not clear
- Makes at least four different consonant sounds (e.g., p, b, m, n, d, g, w, h)
- Enjoys being read to and sharing simple books with you
- Points to pictures using one finger
- Demonstrates some pretend play with toys (e.g., gives teddy a drink, pretends a bowl is a hat)

By 24 months

- Follows two-step directions (e.g., “Go find your teddy bear and show it to Grandma”)
- Uses 100 or more words
- Uses at least two pronouns (e.g., “you”, “me”, “mine”)
- Consistently combines two to four words in short phrases (e.g., “Daddy hat”, “truck go down”)
- Forms words/sounds easily and effortlessly
- Words are understood by others 50 per cent to 60 per cent of the time
- Enjoys being around other children
- Begins to offer toys to peers and imitate other children’s actions and words
- Holds books the right way up and turns pages
- “Reads” to stuffed animals or toys
- Scribbles with crayons

By 30 months

- Understands the concepts of size (big/little) and quantity (a little, a lot, more)
- Uses some adult grammar (e.g., “two cookies”, “bird flying”, “I jumped”)
- Uses over 350 words
- Uses action words (e.g., run, spill, fall)
- Produces words with two or more syllables or beats (e.g., “ba-na-na”, “com-pu-ter”, “a-pple”)
- Puts sounds at the start of most words
- Begins taking short turns with peers, using both words and toys
- Shows concern when another child is hurt/sad
- Combines several actions in play (e.g., feeds dolls and then puts them to sleep, puts blocks in train then drives train, drops blocks off)
- Recognizes familiar logos and signs involving print (e.g., golden arches of McDonalds, “Stop” sign)
- Understands and retells familiar stories

By 3 years

- Understands “who”, “what”, “where”, and “why” questions
- Creates long sentences using five to eight words
- Talks about past events (e.g., trip to Grandparents’ house, day at childcare)
- Tells simple stories
- Is understood by most people outside of the family, most of the time
- Shows affection for favourite playmates
- Engages in multi-step pretend play (e.g., pretending to cook a meal, repairing a car, etc.)
- Aware of the function of print (e.g., in menus, lists, signs)
- Beginning interest in, and awareness of, rhyming

By 4 years

- Follows directions involving three or more steps (e.g., “First get some paper, then draw a picture, last give it to Mom”)
- Uses adult-type grammar
- Tells stories with a clear beginning, middle, and end
- Talks to try to solve problems with adults and other children
- Is understood by strangers almost all of the time
- Demonstrates increasingly complex imaginative play
- Able to generate simple rhymes (e.g., “cat- bat”)
- Matches some letters with their sounds (e.g., letter T says “tuh”)

By 5 years

- Follows group directions (e.g., “All the boys get a toy”)
- Understands directions involving “if… then” (e.g., “If you’re wearing runners, then line up for gym”)
- Describes past, present, and future events in detail
- Uses almost all of the sounds of their language with few to no errors
- Seeks to please his/her friends
- Shows increasing independence in friendships (e.g., may visit neighbour by him/herself)
- Knows all the letters of the alphabet
- Identifies the sounds at the beginning of some words (e.g., Pop starts with the “puh” sound)

Speech and Language

Other signs to look for:

Speech and language

- Any loss of previously obtained skills, language or social skills at any age
- A child does not meet a developmental milestone
- Inconsistent or no response when name is called
- Rarely engages socially (e.g., lack of or limited smiling/eye contact)
- Child is over-sensitive or under-sensitive to touch, textures, movement, or sound
- More interested in looking at objects than at people's faces
- Lack of sound imitation: child is unusually quiet, doesn't attempt to say sounds or words
- Repeated ear infections
- Has difficulty following directions
- Acts frustrated when trying to communicate
- Lack of interest in toys or plays with them in an unusual way (e.g., lining up, spinning, opening/closing parts rather than using the toy as a whole)
- Preoccupation with unusual interests such as light switches, doors, fans, wheels
- Echoes others' phrases or sentences out of context or without understanding (e.g., parent/caregiver says "put on your shoes"; child responds "put on your shoes")
- Repeats in "whole phrases" or "scripts" from television shows or books, when these do not seem relevant to the situation
- Unusual interest in letters or numbers and/or may show some ability to recognize words in print, but with no clear indication of comprehension
- Inflexible with routines; has compulsions or rituals (has to perform activities in a special way or certain sequence and is prone to temper tantrums if rituals are interrupted)

Stuttering

- Parents/caregivers report child "stutters" using repetitions of words (e.g., "I-I-I") or syllables (e.g., "da-da-daddy"), sound prolongations (e.g., "mmmommy) or blocks (e.g., "b----all").
- Avoids certain words, situations, or talking
- Has been stuttering for more than six months
- Struggles physically to get words out
- Is aware of difficulties and/or has mentioned the stuttering

Voice

- Ongoing hoarse voice or unusual voice quality

Oral motor skills

- Excessive drooling which persists beyond 18 months of age
- Problems with swallowing or chewing, or gagging when eating foods with certain textures (See "Feeding and Swallowing" section of this document)

WHERE TO GO FOR HELP

If there are concerns, advise the parent/caregiver to contact:

- Resource-Teacher/School Principal or
- Words in Bloom – Eastern Ontario Health Unit: Speech and language development program for children up to age five. Intake services for referral at 613-933-1375 or 1-800-267-7120 or fax referral at 613-933-5121.
  - Casselman at 613-764-2841 or 1-800-267-8260
  - Hawkesbury at 613-632-4355 or 1-800-565-2314
  - Rockland at 613-446-1400 or 1-844-446-1400
- Hawkesbury & District General Hospital Children's Rehabilitation Program (Assessments/Consultations/Interventions for children and infants of Eastern Ontario from birth to six years old) at 613-632-1111 extension 52801 or 1-800-790-8870 extension 3.
- For school-aged children, the family or Physician may contact the Champlain Community Care Access Centre at 1-800-538-0520
- For a list of private Speech and Language Pathologists, visit www.osla.on.ca or call the Ontario Association of Speech-Language Pathologists and Audiologists at 1-877-740-6009.
- You may also visit www.caslpo.com or call the College of Audiologists and Speech-Language Pathologists of Ontario at 1-800-993-9459

Sources: Adapted by the Speech-Language Pathologists of the Eastern Ontario Health Unit and the Ottawa Children's Treatment Centre from materials developed by Simcoe County Health Unit in collaboration with Simcoe County and York Region Professionals.

Vision

A child who is blind or has low vision is at significant risk for difficulties in all areas of development, including communication and language, fine and gross motor skills, coordination, understanding and thought processes, and social development.

Healthy child development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 6 weeks
- Stares at surroundings when awake
- Briefly looks at bright lights/objects
- Blinks in response to light
- Eyes and head move together
- Produces tears when crying

By 3 months
- Eyes glance from one object to another
- Eyes follow a moving object/person
- Stares at caregiver's face
- Looks at hands
- Prefers coloured toys to black and white

By 6 months
- Eyes move to inspect surroundings
- Eyes move to look for source of sounds
- Swipes at or reaches for objects
- Looks at more distant objects
- Smiles and laughs when he or she sees you smile and laugh

By 12 months
- Eyes turn inward as objects move close to the nose
- Watches activities in surroundings for longer time periods
- Looks for a dropped toy
- Visually inspects objects and people
- Creeps towards favourite toy
- Watches fast moving objects
- Watches and retrieves a rolling ball up to 10 feet away

By 2 years
- Uses vision to guide reaching and grasping of objects
- Looks at simple pictures in a book and will turn the book or picture to the corrected upright position
- Points to objects or people
- Looks for and points to pictures in books
- Looks where he or she is going when walking and climbing
- Will point to body parts (nose, hair, eyes) on self or others when requested

By 3 years
- Sits a normal distance away when watching television
- Follows moving objects with both eyes working together (coordinated)

By 4 years
- Knows people from a distance (e.g., across the street)
- Uses hands and eyes together (e.g., catches a large ball)
- Builds a tower of blocks; strings beads; copies a circle, triangle, and square

By 5 years
- Knows colours and shadings; picks out detail in objects and pictures
- Holds a book at a normal distance

Other signs to look for:

- Swollen or encrusted eyelids
- Bumps, sores, or styes on or around the eyelids
- Drooping eyelids
- Does not make eye contact by three months of age
- Does not watch or follow an object with the eyes by three months
- Haziness or whitish appearance inside the pupil
- Frequent “wiggling”, “drifting”, or “jerky” eye movements, misalignment of the eyes (eye turns or crossing of eyes)
- Lack of coordinated eye movements
- Drifting of one eye when looking at objects
- Turning or tilting of the head when looking at objects
- Squinting, closing, or covering of one eye when looking at objects
- Excessive tearing when not crying
- Excessive blinking or squinting
- Excessive rubbing or touching of the eyes
- Avoidance of, or sensitivity to, bright lights
- Excessive staring at both natural and artificial light sources (windows, overhead lighting)

WHERE TO GO FOR HELP

If there are any concerns about a child’s vision, the parent/caregiver should arrange for a vision test with an optometrist or contact the family Physician or Paediatrician or Nurse Practitioner who can refer to an ophthalmologist.

Remember, a visit to an optometrist is covered by OHIP every year up to 19 years of age inclusively.

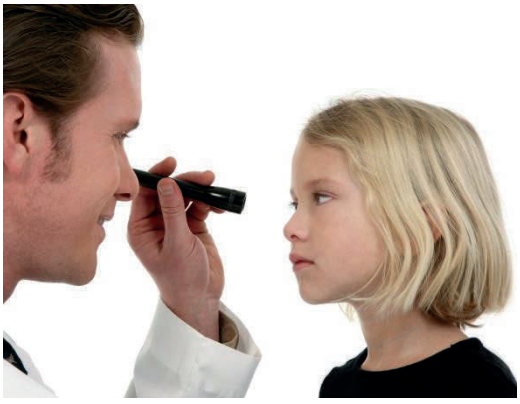
If there are concerns, advise the parent/caregiver to contact:

- Blind - Low Vision Early Intervention Program 613-688-3979 or to fax a request to 613-820-7427; TTY: 613-820-7427; Toll free: 1-866-432-7447
- The program is for children who are born blind or with low vision and their families; from birth to Grade 1.

For more information and additional resources:

- Canadian National Institute for the Blind www.cnib.ca
- Ontario Association of Optometrists http://www.optom.on.ca

Sources: Adapted from York Region Red Flags (2009) and revised in 2010 by Ottawa Children’s Treatment Centre, Centre Jules Léger, Ontario Foundation for Visually Impaired Children and First Words Preschool Speech and Language Program using references from Services for children who are blind or have low vision (2008) Government of Ontario



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RESOURCES

Service & Phone Number/s	Description
Autism Program of Eastern Ontario Children's Hospital of Eastern Ontario 613-249-9355 1-877-542-2294	www.cheo.on.ca The program's goal is to work with children and youth with an autism spectrum disorder and their family to optimize their potential. The program consists of three sections: 1) the Autism Intervention Program provides Intensive Behavioural Intervention (IBI) services to children towards the severe end of the autism spectrum. 2) The School Support program works with teachers and other education professionals to enhance supports available in publicly-funded school boards and to support children's transition from IBI to full-time school. 3) The ABA Services and Supports Program provides services to children and youth with ASD and their parents/caregivers in four domains: behaviour, communication, daily living, and social/emotional regulation.
Canadian Nation Institute for the Blind (CNIB) Early Intervention Program 613-563-4021	www.cnib.ca The CNIB Early Intervention Program responds to the needs of visually impaired and blind children from birth to the child's seventh birthday. Intensive service is provided through the early years to assist families in helping their child reach his/her fullest potential. After the child turns seven, CNIB continues to provide a full range of services including Rehabilitation Teaching and Orientation and Mobility instruction within the child's home and community.
Centre de santé communautaire de l'Estrie Bourget 613-487-1802 Crysler 613-987-2683 Embrun 613-443-3888	**Nutrition services provided for free:** Consultations with certified Dietitians for personalized advice on nutrition aimed at creating gradual, lasting change in eating habits and behaviours. Nutrition consultations for babies, toddlers, and children. Programs and activities promoting improved eating habits and food security. **Routine examinations for babies, toddlers, and children:** Services offered by Doctors or Nurse Practitioners to ensure immunization and to evaluate the child's development during their growth. **Free mental health services:** • Individual, couples, or family therapy • Support groups • A range of themed workshops **Free Car Seat inspections for babies, toddlers, and children:** A Community Health Worker checks to see if the car seat is installed correctly, i.e., if the car seat is securely attached to the vehicle seat and if the child is properly secured. By appointment only.
Centre York Centre 1-888-426-9177 Satellite office in Hawkesbury 613-632-2333 1-877-632-2332	www.centreyorkcentre.ca A supervised access centre which offers separated and divorced families experiencing difficulties a safe setting where visits and exchanges can take place without the children witnessing conflicts between parties. Centre York Centre will provide a safe, neutral, and child-focused setting for visits with a child and non-custodial parent/caregiver and/or the other family members. **Visits** To provide a safe and non-threatening, child-focused neutral environment for access parents/caregivers or other family members to visit with or exchange their children. **Exchanges** To provide a safe drop-off or exchange point where children may be transferred between a custodial parent/caregiver or other relative and the access parent/caregiver.
Champlain Community Care Access Centre (CCAC) 1-800-538-0520	www.champlain.ccac-ont.ca Provides health care and personal support to enable people to live independently at home in a safe environment. Provides School Health Support Services (Nursing, Dietitian, Speech & Language, Physio and Occupational Therapy).

Service & Phone Number/s	Description
Eastern Ontario Health Unit 613-933-1375 1-800-267-7120 Casselman 613-764-2841 or 1-800-267-8260 Hawkesbury 613-632-4355 or 1-800-565-2314 Rockland 613-446-1400 or 1-844-446-1400	www.eohu.ca **Healthy Babies, Healthy Children (HBHC)** A prevention/early intervention initiative designed to give all families the information and support they need to give their children (birth-six years) a healthy start in life and to provide more intensive services and supports for families with children who may not reach their full potential (i.e., those who are at high risk). HBHC includes both universal (screening and assessment) and targeted services (in-depth family assessment, blended model of public health nurse and family visitor home visiting, and service coordination). www.eohu.ca **Nutrition Services** Provides nutrition resources such as pamphlets and handouts on feeding infants and young children. Offers presentations, workshops, and programs on a variety of child feeding issues and topics. Directs callers to appropriate nutrition services. www.eohu.ca **Dental Services** The Healthy Smiles Ontario program offers financial assistance for the dental treatment of children who have been screened by Health Unit dental hygienists. Eligibility to this program is determined by the child's age, oral health, and financial need. For more information, call **613-933-1375** or **1-800-267-7120** and ask for the Health Line. www.eohu.ca **Preschool Speech & Language** Children will learn to talk by imitating others, but what if the child is not developing his/her communication skills as fast as he/she should? **Words in Bloom** is a speech and language development program for children up to the age of five. Speech and language pathologists will work with the child to improve his/her communication skills. Early detection of a speech or language development problem is often the key to successful treatment. The sooner a child's delays are corrected, the sooner he/she can meet their age-appropriate milestones. For more information about this program or to refer a child for services, call **613-933-1375** or **1-800-267-7120** and ask for the Health Line.
Glengarry-Prescott-Russell Ontario Early Years Centre 613-764-3434 1-866-764-3434 Embrun Satellite 613-443-1614 Hawkesbury Satellite 613-632-6959 Rockland Satellite 613-446-4220	www.ontarioearlyyears.ca www.prescott-russell.on.ca The Ontario Early Years Center offers: • early learning and literacy programs for parents/caregivers and their children; • programs to support parents/caregivers in all aspects of early childhood development (e.g., programs on nutrition and health); • information and training for new parents about pregnancy and parenting; • information about other early years programs in the community that ensure children have the best start in life; • toy and resource lending for parents/caregivers and professionals; • special needs resource lending library; • computers with Internet access available.

Service & Phone Number/s	Description
Hawkesbury & District General Hospital Inc. The Children's Rehabilitation Program of Eastern Ontario 613-632-1111	www.hawkesburyhospital.com Rehabilitation Program, 352 Main St. West, Suite 102, Hawkesbury ON K6A 2H8 The Children's Rehabilitation Program of Eastern Ontario offers the following services: - Occupational Therapy - Physical Therapy - Speech-Language Pathology Services are provided to children and infants of Eastern Ontario from birth to six years old. **Occupational Therapy** Occupational Therapists provide assessments and treatment plans designed to help the child become as functionally independent as possible for the activities of daily living such as dressing, feeding, and toileting. Therapy involves improving hand skills and perceptual-motor abilities. Therapists also work in close collaboration with parents/caregivers, educators, and other professionals in order to help the child reach his/her optimal level of functioning. **Physical Therapy** Physical Therapists provide assessments and a treatment plan designed to help the child achieve optimal physical abilities. Therapy involves improving gross motor skills, flexibility, balance, and coordination. Therapists also work in close collaboration with parents/caregivers, educators, and other professionals in order to help the child reach his/her optimal level of functioning. **Speech-Language Pathology** Speech-Language Pathologists assess and identify communication and language difficulties. He/she elaborates and executes treatment plans, recommends and designs alternative/augmentative communication systems and provides appropriate training, works in close collaboration with parents/caregivers, educators, and other professionals in the areas of stimulation, communication strategies, and adaptation of learning methods in order to help the child reach his/her optimal level of functioning. To receive services from our program, you just need to contact us at the following numbers: 613-632-1111 extension 52801 or 1-800-790-8870 extension 3.
Integration Services of the United Counties of Prescott and Russell 613-764-3434 1-866-764-3434	www.prescott-russell.on.ca Our mission is to: • promote inclusion and support licensed child care services with special needs children; • develop and adapt individual plans for children with special needs in daycares and their transition in school; • grant a support service to assist Child Care services for all children; • work with parents/caregivers and the multidisciplinary team to ensure consistency of expectations and approaches towards children; • offer training and provide miscellaneous resources.

Community Resources

Service & Phone Number/s	Description
Ottawa Children's Treatment Centre Intake: 1-800-565-4839	www.octc.ca The Ottawa Children's Treatment Centre (OCTC) provides specialized care for those with multiple physical and developmental needs, focusing on our region's children and youth. Specializes in family-centered rehabilitation, specialized assessments, and provides education, research, and advocacy. We exemplify community partnership, maximizing integration and independence for clients and their families.
Our Children, Our Pride (Family Centres) 613-632-7837 1-866-363-3210 Embrun 613-443-1614 Hawkesbury 613-632-6959 Rockland 613-446-4220	www.groupeaction.ca Learning through play is fun. Come and have fun with the children, chat with other parents/caregivers, and build relationships with people from your community. **Healthy development of children:** Play group, Munchkin Music Program, school readiness, workshops, and activities that encourage parent/caregiver involvement with the child. Encourage mutual support among parents/caregivers. There is much more – ask for information about our programs. **Education, support, and family resources:** Availability of written and audio-visual presentations for parents/caregivers and future parents. **Program from partner agencies:** Look to Grow – Eastern Ontario Health Unit. **Help for pregnant women:** Baby Best Start Program – Eastern Ontario Health Unit. **Nutrition:** Activities and programs that promote good nutrition for all family members. Nutrition Program: "Stir It Up with Kids in the Kitchen".
Pinecrest-Queensway Community Health Centre 613-688-3979 ext. 453 1-866-432-7447	www.firstwords.ca **Infant Hearing Program:** Services provided to children from birth to their entry into Grade 1. Screening of hearing of all newborn babies (in a hospital or community setting). Audiology assessment. Hearing aid evaluation and communication development (sign language instruction, auditory-verbal therapy, or speech-language pathology therapy). Family Support Worker case coordination available. **Ontario's Blind - Low Vision Early Intervention Program (BLV)**: For children who are born blind or with low vision and their families – from birth to Grade 1. Children with a diagnosis of blindness or low-vision and their families are eligible to receive services of a fa**mily support worker, early intervention services, Child Care consultation, and transition to school.**
Valoris for Children and Adults of Prescott-Russell 613-673-5148 1-800-675-6168	www.valorispr.ca/en/ **Child Protection Services**: Valoris for Children and Adults of Prescott-Russell aims to help and protect children against neglect and maltreatment, further their development, and help their families provide life experiences and living conditions that foster growth. **Child and Family Intervention**: Our child and family intervention mandate is intended to offer children and their family quality mental health services to allow them to easily integrate into society. **Adult Developmental Disabilities Services:** The aim of our adult development program is to promote adult integration into society so that the adults can live with pride, regain their dignity, and enjoy the benefits of their community while becoming fully contributing members. **Child and Youth Developmental Services**: With its developmental services for youth, Valoris for Children and Adults of Prescott-Russell aims to enrich and improve the quality of life and living conditions for children and young adults at risk or with intellectual disabilities so they can improve intellectually, physically, and socially in partnership with their family and service providers in the community. **Family Violence:** As per its mandate in family violence, Valoris for Children and Adults of Prescott-Russell helps violent spouses, adults, and youth who are victims or witnesses of violence to better manage conflict situations and improve their relational abilities.

Attachment
Eastern Ontario Health Unit (Healthy Babies, Healthy Children) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Ottawa Children's Treatment Centre 1-800-565-4839
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Autism Spectrum Disorder
Family Physician/Paediatrician/Nurse Practitioner *or*
Ottawa Children's Treatment Centre 1-800-565-4839
Children's Hospital of Eastern Ontario 613-737-7600
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Autism Program of Eastern Ontario ..... 613-249-9355 or 1-877-542-2294

Behaviour
Family Physician/Paediatrician/Nurse Practitioner *or*
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Ottawa Children's Treatment Centre 1-800-565-4839
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Child Maltreatment
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Dental
Dentist *or*
Eastern Ontario Health Unit (Healthy Smiles Ontario) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400

Family/Environmental Stressors
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Ottawa Children's Treatment Centre 1-800-565-4839
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Eastern Ontario Health Unit (Healthy Babies, Healthy Children) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400

Feeding and Swallowing
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Watch Me Grow – Eastern Ontario Health Unit ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400
Ottawa Children's Treatment Centre 1-800-565-4839
Champlain Community Care and Access Centre 1-800-538-0520

Fetal Alcohol Spectrum Disorder
Family Physician/Paediatrician/Nurse Practitioner *or*
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Ottawa Children's Treatment Centre 1-800-565-4839
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Fetal Alcohol Spectrum Disorder *(cont.)*
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Champlain Community Care and Access Centre 1-800-538-0520
Watch Me Grow – Eastern Ontario Health Unit ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400

Fine Motor
Family Physician/Paediatrician/Nurse Practitioner *or*
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Champlain Community Care and Access Centre 1-800-538-0520
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434

Gross Motor
Family Physician/Paediatrician/Nurse Practitioner *or*
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Champlain Community Care and Access Centre 1-800-538-0520
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434

Hearing
Family Physician/Paediatrician/Nurse Practitioner or Audiologist *or*
Eastern Ontario Infant Hearing Program ..... 613-688-3979 ext. 453 or 1-866-432-7447

Learning Disabilities
School Principal or family Physician/Paediatrician/Nurse Practitioner *or*
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Literacy
Kindergarten team (Teacher, Early Childhood Educator) *or*
Parent Resource Centre Early Literacy Specialist ..... 613-764-3434 or 1-866-764-3434
Glengarry-Prescott-Russell Ontario Early Years Centre ..... 613-764-3434 or 1-866-764-3434
Our Children Our Pride (Family Centres) ..... 613-632-7837 or 1-866-363-3210
Embrun 613-443-1614
Hawkesbury 613-632-6959
Rockland 613-446-4220
Local Library .....
Embrun ..... 613-443-3306 or 613-443-3636
Rockland 613-446-5680
Vankleek Hill 613-678-2216
Eastern Ontario Health Unit ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400

Mild Traumatic Brain Injury
The nearest hospital *or*
Children's Hospital of Eastern Ontario – the Concussion Clinic 613-737-7600
Family Physician/Paediatrician/Nurse Practitioner

Nutrition
The College of Dietitians of Ontario ..... 416-598-1725 or 1-800-668-4990
EatRight Ontario 1-877-510-5102

Nutrition *(cont.)*
Family Physician/Paediatrician/Nurse Practitioner or Registered Dietitian *or*
Eastern Ontario Health Unit (Healthy Babies, Healthy Children) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400
Champlain Community Care and Access Centre 1-800-538-0520
Ottawa Children's Treatment Centre 1-800-565-4839
Centre de santé communautaire de l'Estrie .....
Bourget 613-487-1802
Crysler 613-987-2683
Embrun 613-443-3888

Postpartum Mood Disorder
Family Physician/Paediatrician/Nurse Practitioner *or*
For an emergency intervention (Crisis Line) 1-866-996-0991
Eastern Ontario Health Unit (Healthy Babies, Healthy Children) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400
Royal Comtois Centre 613-632-0139
Centre de santé communautaire de l'Estrie .....
Bourget 613-487-1802
Crysler 613-987-2683
Embrun 613-443-3888
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168

Sensory
Family Physician/Paediatrician/Nurse Practitioner *or*
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Champlain Community Care and Access Centre 1-800-538-0520
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434

Social/Emotional Development
Integration Services of Prescott and Russell ..... 613-764-3434 or 1-866-764-3434
Ottawa Children's Treatment Centre 1-800-565-4839
Valoris for Children and Adults of Prescott-Russell ..... 613-673-5148 or 1-800-675-6168
Eastern Ontario Health Unit (Healthy Babies, Healthy Children) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400

Speech and Language
Resource-Teacher/School Principal *or*
Eastern Ontario Health Unit (Words in Bloom) ..... 613-933-1375 or 1-800-267-7120
Casselman ..... 613-764-2841 or 1-800-267-8260
Hawkesbury ..... 613-632-4355 or 1-800-565-2314
Rockland ..... 613-446-1400 or 1-844-446-1400
Hawkesbury & District General Hospital Children's Rehabilitation Program ..... 613-632-1111 ext. 52801
..... or 1-800-790-8870 ext. 3
Champlain Community Care and Access Centre 1-800-538-0520
Ontario Association of Speech-Language Pathologists and Audiologists 1-877-740-6009
College of Audiologists and Speech-Language Pathologists of Ontario 1-800-993-9459

Vision
Family Physician/Paediatrician/Nurse Practitioner or Optometrist *or*
Blind-Low Vision Early Intervention Program ..... 613-688-3979 or 1-866-432-7447
..... or TTY: 613-820-7427


Best Start
Together for a Best Start
Prescott-Russell